

LIF Camp Lions Helen Keller Adult Camp

Lions of Illinois Foundation
2814 DeKalb Avenue
Sycamore, IL 60178

815-756-5633 V * 815-748-9088 TTY * 815-748-9087 FAX



Join us for summer fun at LIF Camp Lions Helen Keller

**LIF Camp Lions
Helen Keller is
not for kids!**

Our camp is for Blind and/or Deaf adults age 18 & over. Join in the beauty of nature, horse trail rides, swimming, boating, crafts, games, sports and good company! Housing is in modern air-conditioned cabins. Meals prepared by dining staff are served buffet-style in the air-conditioned dining hall. For safety all staff are trained in basic First Aid & a camp Nurse will be on hand to supervise basic medical needs.

For your further personal comfort, an SSP/Personal Assistant may attend with you at no additional charge to you for their room & board. (SSP/PA must complete an application form and present a verifiable background check.)

Applications to attend must be returned by March 1, 2012. Each application is processed on a first come; first serve basis and spaces fill quickly so don't delay! Please submit your forms and a \$15 deposit check (make payable to: LIF Camp Lions for your personal account at the store and/or group photo (balance refunded on request at end of camp) to the address provided on the forms. "No shows" forfeit deposit. **Camp Lions Helen-Keller does not provide transport; that is the camper's responsibility.**

**Check-in for Camp Lions-Helen Keller is from 2- 4pm on June 24, 2012.
Check-out is from 9 - 11 am on June 30, 2012.**

If you have any questions please contact Alan Wilson, LIF Camp Registrar for help. Alan can be reached at the Lions of Illinois Foundation office Monday – Friday from 8:30am to 4pm at 815-756-5633 ext 231 V, 815-748-9088 TTY, or by e-mail at adwilson@tbc.net.

Attention All Applicants:

LIF CAMP LIONS HELEN KELLER ATTENDEES ARE ENCOURAGED TO HAVE AN SSP/PERSONAL ASSISTANT (SSP/PA) ATTEND WITH THEM IF ONE IS NORMALLY USED AT HOME.

Said SSP/PA must work for you, and cannot be an additional guest. Campers are solely responsible for paying accompanying assistant's wages and personal expenses. SSP/Personal assistants must be 18 or older & abide by the same rules of camp conduct as the camper. SSP/Personal assistants must be pre-registered by including necessary information on separate camp application forms.

**** APPLICATION FORMS FOR SSP/ASSISTANTS ARE INCLUDED IN THIS PACKET IF NEEDED.**

GUIDE & ASSISTANCE DOGS ARE WELCOME BY LAW.

Owner accepts total liability/responsibility for any attending animals including property damage, personal injury (bites, etc.), and personal care, feeding, & toileting of said guide/assistance dog. Notification of dog's attendance must be included on application.

CAMPERS ARE EXPECTED TO FOLLOW ALL RULES OF CAMP LIONS HELEN KELLER.

Staff will provide campers with guidelines & rules at check-in. If, for any reason, you violate these guidelines you will be asked to leave. The Camp Helen Keller Director, Camp Helen Keller Staff Supervisor, and or Camp Lions Administrator are the officers to enact this provision.

Some basic rules include:

*NO Alcohol or illegal substances; *NO Smoking except in pre-designated areas

*NO Obscenity; *NO Weapons – (includes pocket knives);

*NO aggressive behavior that would put yourself or any other camp participants at risk of harm either bodily, psychologically, or emotionally;

* Camper agrees to follow Camp Lions Schedule of activities with your SSP/Personal Assistant as needed.

DIRECTIONS:

To give you the best route, all accepted applicants receive Yahoo maps direction from your home to YMCA Camp Duncan in your welcome packet. The address is YMCA Camp Duncan, 32405 North Highway 12, Ingleside, IL 60041.

TRANSPORTATION IS NOT PROVIDED TO OR FROM CAMP LIONS HELEN KELLER; THAT IS THE SOLE RESPONSIBILITY OF THE ATTENDING CAMPER.

SECTION 1 - 2012 APPLICATION TO ATTEND

LIF CAMP LIONS HELEN KELLER FOR DEAF & BLIND ADULTS

DEADLINE TO SUBMIT APPLICATION TO ATTEND IS March 1, 2012.

All sections of application must be filled out completely or it will be returned.

The Lions of Illinois Foundation reserves the right to refuse any application upon review.

All applications are subject to approval and are processed first come, first served.

Please attach your \$15 deposit check made payable to: LIF Camp Lions. Use is for personal store purchases and \$5 photo cost. Balance refunded upon request at the end of the camp session.

No refunds for "no shows". Return entire application to:

Alan Wilson, LIF Camp Lions Registrar, 2814 DeKalb Ave., Sycamore, IL 60178

(PLEASE PRINT) Is applicant completing form? ___Y ___N

If Not, Who: _____ Contact phone: (____)_____

Camper Name _____ Age ___ Birthdate ___/___/___ ___M ___F

T-shirt Size (circle one): S M L XL XXL XXXL Other _____

Address _____ City _____ State ___ ZIP _____

Phone(____)_____ Cell Phone(____)_____ E-mail _____

Is applicant self-guardian? ___Y ___N. If not, please list guardian name & contact info:

Guardian Name: _____ Phone: (____)_____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship to camper _____

Home Phone (____)_____ Cell Phone (____)_____

Address _____ City _____ St _____ ZIP _____

COMMUNICATION: Please check all skills used in your daily life:

___Talks Well ___No Speech ___Signs In air ___Hand in Hand sign ___Lip Reads

___SSP/Interpreter ___Other (please describe): _____

FOR DEAF/HARD OF HEARING:

Degree of hearing loss: ___Totally Deaf ___Hard of Hearing

What type of aid is worn? ___Behind the Ear ___In the ear ___Other

Which ear/ears is aid worn in? ___Right ___Left ___Both

FOR BLIND/PARTIALLY SIGHTED

Extent of Visual Loss: ___Totally Blind ___Partially Sighted ___Wear glasses

Does camper use a guide dog? ___Y ___N Will dog attend? ___Y ___N

HOME ENVIRONMENT:

Does camper live (please check one):

___alone independently ___with family who assist you

___in private home with SSP/Assistant ___group/assisted care facility

SSP/ASSISTANT INFORMATION:

Does applicant require an Assistant/Visual Guide? ___Y ___N

IF yes, Name of Assistant attending with Camper: _____

Assistant's address: _____ City _____ State: ___ Zip _____

Phone# (____) _____ Cell# (____) _____

****If camper employs an SSP/Assistant, an "SSP Registration Form" must be submitted with camper's application. SSP/Assistant Forms are enclosed.**

CAMPER MOBILITY SKILLS:

Mobility Ability: ___Independent ___Uses Cane ___Uses Guide

Does camper use: ___Wheelchair ___Walker ___Scooter ___Other

Camper can independently: ___Dress ___Shower/wash ___do hygiene care ___feed self

Camper sleeps: ___Quietly ___Restlessly ___Sleepwalks ___Awakens easily

Does camper need rest periods during daytime activities? ___Yes ___No

If yes: how long? _____ how often? _____

MEDICAL INFORMATION:

Campers' Dr. Name: _____

Office Address: _____ City: _____ ST: ___ ZIP: _____

Daytime Phone:(____) _____ Emergency Phone:(____) _____

MEDICAL CONDITIONS - Does camper have:

1. Cerebral Palsy: ___Y ___N Level: ___Mild ___Moderate ___Severe

2. ADD or ADHD: ___Y ___N Level: ___Mild ___Moderate ___Severe

3. Alzheimer's/memory loss: ___Y ___N

4. Arthritis/Joint conditions that limit mobility: ___Y ___N

5. Mobility Limitations: ___Y ___N Describe limitation:

6. Epilepsy: ___Y ___N Frequency of seizures _____

7. Any other disabilities? ___Y ___N If yes, please describe:

8. Food allergies or special diet: _____

CAMP ACTIVITIES: Please check all activities you can/will participate in:

___Hiking ___Swimming ___Team sports ___Horse riding ___Canoe/boat ride

Can you swim? ___Y ___N How Well? ___Good ___Fair ___Poorly

Please rate "In-Camp" program activities: (1-likes, 2-neutral, 3-dislikes)

___Swimming ___Boating ___Horseback Riding ___Hiking/Walks ___Fishing

___Archery ___Singing & Music ___Dancing ___Nature Study ___Crafts

___Cookouts ___Beeper Ball ___Team Sports ___Card/Board Games

___Movies

Section 2: - 2012 Camp Lions Helen Keller Adult

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

Consent to LIF Camp Activities: We hereby give our permission for the camper to participate in the Lions of Illinois Foundation (LIF) Camp Lions Helen Keller Adult program. We understand that the program will include not only normal activities conducted on the campgrounds but also certain field trips and other activities outside of the campgrounds which will require transportation to and from off-campground locations. We also understand that if qualified camp counselors and supervisors deem it appropriate, the camper may be offered an opportunity to engage in certain special activities posing special risks, such as rappelling (rock climbing). We hereby give our permission for the camper to participate in any and all such activities, which are deemed appropriate by and supervised by qualified, camp personnel.

Consent to Medical Treatment: We fully understand that, even after reasonable precautions have been taken, LIF Camp Lions Helen Keller activities have certain hazards for which the Lions of Illinois Foundation/Camp Manitowa can be held responsible. We request that the camper be held at the camp health care area/facility in case of illness or injury and the person named "In case of emergency" be notified as soon as possible at a telephone number which is supplied. We hereby give our permission to the physician selected by the LIF Camp Lions Helen Keller Director to hospitalize and/or obtain appropriate medical care for the camper in the event of a medical emergency or other circumstances likely to have an adverse effect on the camper's health, if no one can be reached in such a situation. We agree to pay the usual charges for such an emergency treatment of first aid. We desire notification as soon as possible, by telephone or other appropriate means, of any such emergency or other circumstance likely to have an adverse effect upon the camper's health, including notification of any emergency treatment administered. We desire the LIF Camp Helen Keller Director or designee to care for the camper as if he/she was his own.

Consent to the taking and use of photos: We hereby give our permission for photographs to be taken during any LIF Camp activities and for the publication or other use of such photographs for public relations, fund raising or any other purpose reasonably related to the operation or promotion of the camping program.

Consent to release of camper evaluation forms: We hereby give our permission for the LIF Camp Lions Registrar to release an evaluation completed by the Camp Lions Helen Keller Director and/or Camp Counselors on the camper's participation in the Camp Lions Helen Keller Adult Program.

Indemnification Agreement: We hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation, Camp Manitowa, respective employees, agents and representatives from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with camper's participation in the LIF Camp Lions program except for such liabilities, claims or demands which result from an injury or loss caused solely by the negligent or otherwise wrongful act of omission of the Lions of Illinois Foundation, Camp Manitowa, or their respective employees, agents or representatives.

Date: _____ Signature of Camper: _____

Date: _____ Signature of Camper's Legal Guardian: _____

2012 Camp Lions Helen Keller will be held at YMCA Camp Duncan, Ingleside, Illinois. Campers will have the opportunity to enjoy air-conditioned cabins, indoor pool, Lake Wooster, a central dining hall for meals, and the use of the Sorensen Lodge for daily events such as crafts or visiting with camp friends. Below are a few snapshots of the amenities at YMCA Duncan.



2012 LIF CAMP LIONS - CAMP HELEN KELLER APPLICATION

SECTION 3: PHYSICAL EXAM - TO BE COMPLETED BY LICENSED PHYSICIAN.

Must be submitted by March 1, 2012. Only this form is accepted; NO substitutions.

*Keep a copy for your records.

Name: _____ DOB _____ Date of Exam _____

Gender: M F Height _____ Weight _____ Blood Pressure _____ Temp. _____

Pulse _____ Respiration _____ Skin Condition _____

Is this examined person: ___Deaf ___Hard of Hearing ___Blind ___Partially sighted ___both?

Level of Hearing Acuity: Left ear: _____ Right ear: _____

Does the examined use Hearing Aid(s): ___Y ___N Right ___ Left ___ Both ___

Level of Visual Acuity (Left eye): 20/ _____ uncorrected 20/ _____ corrected

Level of Visual Acuity (right eye): 20/ _____ uncorrected 20/ _____ corrected

Does the examined wear: Glasses: ___Y ___N Contacts: ___Y ___N

Uses eye drops? ___Y ___N

The examined person is currently under physician care for the following conditions:

Current Treatment: _____

Are "Standing Orders" suggested for this person? ___Y ___N. If yes, please attach orders.

Does this person have Diabetes? ___Y ___N Range _____

Is person on Insulin? ___Y ___N Type: Oral _____ Inject _____ Dosage: _____

If IM shots are used can person self-inject? ___Y ___N

Does this person have Asthma? ___Y ___N Use an Inhaler? ___Y ___N

What Type? _____

Should person keep inhaler? ___Y ___N or Inhaler remains in nurse's office ___Y ___N

Does applicant have Cerebral Palsy? ___Y ___N

If yes, what level? Level: ___Mild ___Moderate ___Severe

Does the applicant have Mental/Cognitive condition? ___Y ___N Type: _____
(If applicable, specify Level EMH, TMH, or lower)

Does camper have epilepsy/seizure disorder? ___Y ___N

Frequency of seizures _____ On Medication ___Y ___N

Describe onset behavior: _____

Does the examined have any cognitive/behavioral disabilities:

___BD ___ADD ___LD ___ADHD ___Alzheimer's ___MI Other: _____

If yes, please describe: _____

Does the examined wear false teeth/partial plate? ___Y ___N

Does the examined use a prosthesis? ___Y ___N If Yes, What Type: _____

Does the examined use a ___ wheelchair ___walker ___crutches ___braces ___prosthesis

Medication/Treatments: All medications must be in properly labeled containers with Physicians orders, name of medication, Pharmacy phone number, & any special storage instructions

Medications to be administered at camp: Dosage: _____ : _____ Prescribed by: _____

Any treatment(s) to be continued at camp? ___Y ___N If yes, please describe: _____

Any medically prescribed meal plan or diet restrictions? ___Y ___N If yes, describe: _____

Any allergies (food, drugs, plants, insects, etc.)? ___Y ___N If yes, describe: _____

Current Treatment if allergic reaction occurs: _____

Any additional health information? _____

Activities the examined **cannot** participate in: _____

Activities to encourage participation in: _____

IMMUNIZATION HISTORY:

TETANUS SHOT FOR CAMP (WITHIN 10 YRS) Date last given: ____/____/____

TB TEST FOR CAMP (WITHIN 1 YR) Date last given: ____/____/____ Result: _____

HEMOPHILUS INFLUENZA B (HIB): Date last given: ____/____/____

SECTION 4: PHYSICIANS' DECLARATION:

I have examined the above Camp Lions/Helen Keller Adult Camp applicant. In my opinion, the examined applicant is ___ **or** is not ___ medically fit to participate in an active camp program.

Licensed Physician's Signature: _____

Address: _____

Daytime Phone: _____ Emergency Phone: _____

Date exam completed: ____/____/____ Examined By: _____

**RETURN TO: LIONS OF ILLINOIS FOUNDATION,
CAMP LIONS REGISTRAR,
2814 DEKALB AVE., SYCAMORE, IL. 60178
APPLICATIONS MUST BE SUBMITTED BY MARCH 1, 2012.**