



Come enjoy the summer with Camp Lions!

Don't miss any of the fun such as swimming, nature hikes, making new friends, horseback riding, crafts, pontoon boat rides, archery, team sports, canoeing, talent show, a dance, and much more!

To be eligible to attend Camp Lions a camper must:

Be between the ages of 7 to 17 years old,
Be independent in their own personal care without assistance,
Be independently mobile on campgrounds, and be either:

Deaf/Hard of Hearing: have an auditory loss that requires daily use of sign language or lip reading, and/or use of a hearing aid or cochlear implant or be

Blind/Low Vision: have visual acuity of 20/70 after best correction or blind.

Eligible campers attend Camp Lions FREE! It is a gift to Deaf/HoH & Blind/Low Vision youth in Illinois from the Lions, Lioness, & Leo Clubs of Illinois. **However, a \$15 deposit for each child's use at camp is required.** The deposit is for the camper's personal use while at camp & to purchase a group photo, if desired. Please make check or money order payable to **Camp Lions of Illinois / LIF** and enclose with application.

2012 Camp Lions Schedule

All camps check-in from 2-4pm opening day and check-out at 9-11am last day

- June 10-16 - Camp Henry Horner Blind/Low vision and/or Deaf/HoH Youth**
Located at 26710 W. Nippersink Road, Ingleside, Illinois
- June 17-23 - Camp Henry Horner Blind/Low vision and/or Deaf/HoH Youth**
Located at 26710 W. Nippersink Road, Ingleside, Illinois
- July 15-21 - East Bay Blind/Low vision and/or Deaf/HoH Youth**
Located at 24248 Ron Smith Memorial Hwy., Hudson, Illinois
- July 22-28 - East Bay "Vision Week" Blind/Low vision Youth**
Located at 24248 Ron Smith Memorial Hwy., Hudson, Illinois
- July 29-Aug. 4 - Camp Manitowa Blind/Low vision and/or Deaf/HoH Youth**
located at 12770 North Benton Road, Benton, IL 62812

**CAMP LIONS DOES NOT PROVIDE TRANSPORTATION TO OR FROM CAMP.
TRANSPORTATION IS A CAMPER'S RESPONSIBILITY.**

Application deadline for all sessions is April 1, 2012

Incomplete applications will be denied and returned.

Only the Camp Lions forms will be accepted, this includes the Doctor's physical exam

Submit completed application and \$15 check or money order to:

Camp Lions of Illinois / LIF

Lions of Illinois Foundation 2814

DeKalb Avenue, Sycamore, IL 60178

1-815-756-5633 V * 1-815-748-9087 Fax * 815-748-9088 TTD

Dear Parents/Guardians of Campers,

The camp application is our portal to all the vital information we need to make this a positive and safe experience for your child. All areas marked with an asterisk (*) must be completed by the parent/guardian in full.

No Applicant will be approved to attend with an incomplete form.

The deadline to submit an application is **April 1, 2012.**

Camp Lions Physical Exam & Physicians Statement must be filled out by the licensed physician giving the exam, on the form provided in application. NO substitutions.

Please note that check-in times of each session are 2pm - 4pm. It is important to arrive during the scheduled check-in times so that all our campers can be shown their rooms, meet their counselors, and meet roommates. Immediately following the check-in Counselors give a brief oral description of basic camp rules to the campers. Mainly camp rules are be respectful to each other, each other's property, facility property, and always be safe. Most importantly is to have FUN with new friends.

Check-out is the following Saturday morning from 9am - 11am. Please be on time to pick up your camper. Staff must clean-up, check and prepare gear, and often drive to the next site to set up another camp. This does not allow much time, so your timely pickup is important.

At the bottom of the clothing list is a very important message concerning the rules not to bring electronic games, cell phones, etc. while at Camp Lions.

Please understand that toys & electronics can be a hindrance to the process of joining in on team events, paying appropriate attention for safety and instruction, and for socializing with peers at camp. The purpose of the Camp is to empower the campers by experiencing new and challenging activities while making new friends with youth who are also Blind/Low vision and Deaf/HoH. It is hard to do that with campers' texting or blocking out the world with earplugs.

Camp Lions 2012 should be full of exciting events for all to enjoy. We look forward to seeing you and your camper at Camp Lions of Illinois.

Sincerely,
Alan D, Wilson, Camp Registrar

Camp Lions of Illinois
Lions of Illinois Foundation
2814 DeKalb Avenue
Sycamore, IL 60178
1-815-756-5633; extension 231 V/TTD relay
adwilson@lifnd.net

2012 Camp Lions Youth Application

All applications are subject to the approval by LIF Camp Lions Administrator.

SECTION 1 : BACKGROUND INFO (PLEASE PRINT CLEARLY)

Camper – Please write camp date you prefer here:

*Camper's Name _____ *Home Phone # (____) _____

*Age: ____ *Birthdate: ____/____/____ *Male ____ Female ____ *Please circle T-Shirt Size -Adult: S M L XL 2XL Other: _____

or YOUTH: S M L XL 2XL Other: _____

*Address: _____ *City: _____ *St: ____ *Zip: _____

*Parent's E-Mail address: _____

*What grade will camper enter in the Fall: _____

*Mother' Name: _____ * Work Phone# (____) _____ * Cell # (____) _____

*Father's Name: _____ *Work Phone# (____) _____ *Cell # (____) _____

State Medical Card # _____ (attach copy with application)

Emergency Contact: (Must be an adult 18 or older. Called only if parent(s) cannot be reached):

* Name: _____ *Relationship _____

* Home Phone #: (____) _____ * Cell Phone # (____) _____

* Address: _____ *City: _____ *ST: _____ ZIP: _____

***Blind/Low vision campers only must complete entire section:**

Degree of Vision loss: Blind _____ Low Vision: _____

BEFORE CORRECTION: Visual Acuity in right eye 20/ _____ Visual Acuity in left eye 20/ _____

AFTER CORRECTION: Visual Acuity in right eye 20/ _____ Visual Acuity in left eye 20/ _____

Needs Personal Guide: Y N Wears Glasses: Y N Uses Cane: Y N

***Deaf/Hard of hearing Campers must complete the entire following section:**

Degree of Hearing Loss: Deaf ____ Hard of Hearing _____

UNAIDED RIGHT EAR: Mild ____ Moderate/Severe _____ Severe/Profound _____

AIDED RIGHT EAR: Mild ____ Moderate/Severe _____ Severe/Profound _____

UNAIDED LEFT EAR: Mild ____ Moderate/Severe _____ Severe/Profound _____

AIDED LEFT EAR: Mild ____ Moderate/Severe _____ Severe/Profound _____

What type of aid does camper wear: Body ____ In the ear ____ Behind the ear ____ Cochlear Implant ____ None ____

Which ear / ears is the aid worn in ? Left ____ Right ____ Both ____

Communication skills: Talks well ____ Finger spells ____ Speech reads ____ Sign Language ____ Other ____

***SELF-HELP SKILLS - please checkmark all correct answers:**

* Can camper do these skills independently? Dress ____ Eat ____ Wash hands ____ Shower/bath ____ Toilet ____

* Mobility of camper: Walk Unassisted _____ Run _____

* Does Camper independently Use: Walker ____ Crutches ____ Wheelchair ____ Other _____ N/A ____

* Can Camper independently put on braces and prosthetics if used? Yes ____ No ____ N/A ____

*** ACTIVITIES: -- Check all activities camper may participate in:**

Hiking ____ Swimming ____ Team Sports ____ Horseback Riding ____ Canoeing ____

* Can camper swim? Y N How well? _____ Need instructions? Y N *Any canoeing experience? Y N

* Please check all activities that describe campers sleep habits: Awakens easily ____ Cries ____ Talks ____ Bed wets ____

* Has camper had any serious illnesses, operations or injuries that might hinder his/her activities? Y N

If Yes list restrictions: _____

SECTION 2: CAMPER'S HEALTH INFO

2012 CAMP LIONS APPLICATION

To be completed by camper's parent and/or Guardian only.

Submit both Campers' Health Info & Physician's Exam form or application will be denied

* Camper's Name: _____ * Parent/Guardian's Name: _____

* LIST CURRENT PRESCRIPTION MEDICATION TO BE TAKEN AT CAMP:

All prescription medication must be in original bottle with dosage & prescribing physicians name clearly written.
No medicine will be allowed to be taken by campers without doctor orders.

Prescribed Medications	Dosages	Prescribing Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For safety, all medications to be taken will be supervised by camp health staff and / or camp Nurse.

* May Tylenol or Advil be administered if needed? Y N *(Please circle one) Tylenol or Advil *Type: Liquid____ Tablet____

* Family Doctor: _____ * Phone (____) _____

* Address: _____ * City _____ * ST. ____ * ZIP _____

* DOES CAMPER HAVE ANY OF THE FOLLOWING (PLEASE MARK EVERYTHING APPLICABLE): None Applicable _____

Asthma _____ Hay Fever _____ Heart Defect _____ Seizures _____ Diabetes _____ Hypertension _____ HIV/AIDS _____

Hepatitis _____ STD's _____ Hemophilia/Clotting Issues _____ Frequent Ear Infections _____ Allergy to latex _____

Insect bite allergy _____ Allergy to poison ivy _____

* IS CAMPER CURRENTLY RECEIVING CARE FOR (PLEASE MARK EVERYTHING APPLICABLE): None Applicable _____

Psychiatric Treatment _____ Behavior disorder _____ Chemical Sensitivities _____ ADD/ADHD _____ Learning Disorder _____

Cerebral Palsy _____ Multiple Sclerosis (MS) _____ Cognitive Delay _____ Others (Specify): _____

* HAS CAMPER EVER HAD ANY OF THE FOLLOWING (Please mark everything applicable): None Applicable _____

Measles _____ mumps _____ chicken pox _____ polio _____ TB _____ Hepatitis _____

* Has camper ever had a seizure? Y N Severity/Type _____ Approximate date of last seizure: _____

On seizure Medication? Y N Type: _____ What causes seizure? _____

Describe camper's behavior before and after seizure: _____

* Camper's Primary Disability: _____

* Any Recurring Illnesses: _____

* List all operations or serious injuries in past six months: _____

*INSURANCE COVERAGE:

* Do you carry medical/hospital insurance? Y N Cardholder's name: _____

* If yes, name of carrier _____ * Policy/Group# _____

* IDPA Medical Card # _____ Medicare Disability Card# _____

(Please Attach copy of current IDPA medical card, if applicable)

EQUIPMENT CARE:

*Does camper know how to take care of his/her: Hearing Aid _____ Cochlear Implant _____ Other: _____

If not, what care is needed: _____

* DIET AND FOOD ALLERGIES: * List or Describe any eating disorders, special diet requirements, or food allergies:

SECTION 3: PHYSICAL EXAM -

2012 CAMP LIONS APPLICATION

Entire form must be completed by examining physician. (No substitute forms accepted)

This exam info must be less than 12 months old by deadline date (April 1, 2012). Doctor, please print clearly and answer all questions.

Camper Name: _____ Date of Exam ____/____/____

Is camper: Deaf ____ Hard of Hearing ____ Blind ____ Partially sighted ____

Does camper wear Hearing Aids/Implants: Y N If so which ear(s): Right ____ Left ____ Both ears ____

Does camper wear Glasses/contacts: Y N Uses eye drops? Y N

Is camper under physician's care for any other condition(s)? Y N

If yes, please list condition(s): _____

Current Treatment: _____

Does Camper have any of the following conditions?

Cerebral Palsy Y N Epilepsy Y N Muscular Dystrophy Y N HIV/AIDS Y N Behavior Disorders Y N

Cognitive Disorders Y N ADD/ADHD Y N Hemophilia Y N

Does the camper have Diabetes? Y N Range _____ On Insulin? Y N Type: Oral Injection _____

Does camper have Hepatitis? Y N Type: _____

Does the camper have Asthma? Y N Use an Inhaler? Y N *What Type? _____

Should Inhaler remain with camper? Y N Should Inhaler remain in nurse's office? Y N

Does the camper wear false teeth? Y N Does the camper use prosthesis or brace? Y N

Any medically prescribed meal plan or diet restrictions? _____

Any allergies (food, drugs, plants insects, etc.) _____

Medication/treatment needed to counteract _____

Any activities camper cannot participate in _____

IMMUNIZATIONS: Information/record must be provided to attend.

MANDATORY: TETANUS SHOT FOR CAMPER (WITHIN 10 YRS) last date administered: ____/____/____

Please attach current immunization record with the date (month & year) of basic immunization and recent boosters.

SECTION 3: DOCTOR'S STATEMENT-

DOCTOR, PLEASE COMPLETE IN FULL OR APPLICATION WILL BE DENIED TO ATTEND CAMP LIONS.

I HAVE EXAMINED THE ABOVE CAMP LIONS APPLICANT. IN MY OPINION, THE EXAMINED APPLICANT IS OR IS NOT MEDICALLY FIT TO PARTICIPATE IN A RUSTIC CAMP PROGRAM.

Examining physician's Name: _____

Address: _____ City: _____ State _____ Zip: _____

** Examining Physician's signature: _____ Date: ____/____/____

**** Only hand written signature accepted.**

Section 4 -Camp Lions Youth Application Parental/Guardian Consent to participate in Camp Lions program
PLEASE read the following carefully before signing. This form must be completed and submitted with application.

The attached camper's health info is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted.

Consent to Camp Activities:

We hereby give our permission for our child to participate fully in the Camp Lions 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, our child may be offered an opportunity to engage in certain special activities posing special risks, such as horseback riding. We hereby give our permission for our child 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, Camp Lions has certain hazards for which neither the Foundation nor the staff and representatives of Camp Manitowa, can be held responsible. We request that our child be held at the local hospital in case of illness or injury and that we be notified as soon as possible at a telephone number which we agree to supply. We hereby give our permission to the physician selected by the Camp Director, Site Manager or medical personnel to hospitalize and/or obtain appropriate medical care for our child in the event of a medical emergency or other circumstance likely to have an adverse effect upon our child's health if we cannot be reached in such a situation. We agree to pay the usual charges for such 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 our child's health, including notification of any emergency treatment or first aid administered. We desire the Camp Director to care for our child as if he or she was his/her own.

Authorization for Treatment:

I hereby give permission to the personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary transport to a medical or health care facility, for my child. I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named above in case of emergency. The completed camp application forms may be photocopied for trips out of the camp.

Consent to the taking and use of Photographs and Videos

We hereby give our permission for photos to be taken of our child during any Camp activity 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.

Indemnification Agreement

We here agree to indemnify, defend and hold harmless the Foundation, Camp Manitowa, and their 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 our child's participation in the 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 Foundation, Camp Manitowa or their respective employees, agents, or representatives.

** Signature of parent/guardian _____ *Date _____

Camper's Statement: I also understand and agree to abide with the restrictions placed on my camp activities.

** Signature of attending camper _____ *Date _____

* **PICK-UP PERMISSION(S): Only the person(s) listed below may pick-up my child from Camp Lions after presenting a valid driver's license for identification. ****

** Signature of Parent or Guardian: _____ *Date signed: _____

** *Only hand written signatures accepted.*

* 1. Parent Name: _____ * Phone # (____) _____

* 2. Alternate Driver Name: _____ * Phone # (____) _____

* 3. Alternate Driver Name: _____ * Phone # (____) _____

Please submit entire application form by April 1, 2012.

To be complete all applications must contain:

Section 1: Background Info, Section 2: Camper's Health Info, & Section 3: Physical Exam form with Examining Doctor Statement, Section 4: Parent/Guardian Consents with Pick-up Permissions & a \$15.00 check or money order for camper's personal spending account.(Make check/money order payable to: **Camp Lions/LIF**).

All applications are handled on a first come, first serve basis. Campers are assigned to the camp closest to where you live for convenience, if no preference is given. **Applications received after the deadline (April 1, 2012) will be put on a waiting list.**

Mail completed forms to: Camp Lions of Illinois, Lions of Illinois Foundation, 2814 DeKalb Avenue, Sycamore IL. 60178.

CAMP LIONS CLOTHING CHECKLIST

The following is a recommended list of clothing and personal items to bring to camp.

We request that you label all items. Camp Lions & Lions of Illinois Foundation assume no responsibility for lost or damaged articles. THIS LIST IS BASED ON A FIVE DAY STAY.

CAMPER'S NAME:	SESSION	CABIN/Room
	Check-in	Check-out
ITEMS	NUMBER & COLOR	COMMENTS
Sweater/Sweatshirt		
Lightweight Jacket		
T-Shirts (5-8)		
Shorts (5-8 pair)		
Jeans/Pants (3 pair)		
Shirts/Blouses (2)		
Underwear (8 pair)		
Bras (4)		
Sleepwear (3 sets)		
Bath Towel		
Socks (5-7 pair)		
Shoes (2 pair-footwear is to be worn at all times!)		
Hat or Cap (for sun)		
Bathing Suit & Beach Towel		
Sleeping Bag (or Blanket) & Pillow		
<i>White T-Shirt (for craft project)</i>		
PERSONAL ITEMS		
Soap/Shampoo/Deodorant		
Toothbrush & Tocthpaste		
Shower Shoes/flicflops for around pool & beach		
Comb & Brush		
Sanitary Napkins, etc.(if necessary)		
Pencil, Paper, Envelope, Stamps- send home a note!		
Dirty Clothes Bag		
Insect Repellant & Sunscreen		
Flashlight (with batteries)		
Hearing Aid Batteries		
Reuseable Water Bottle - keep hydrated in the summer sun!		

Campers often bring a small fan. Remember to put your name on it if you bring one.

ELECTRONIC TOYS, VIDEO GAMES, MP3 PLAYERS, IPODS, LAPTOPS, CELL PHONES, ETC., ARE NOT ALLOWED!

All of the above will be held by the Camp Director if found at camp!

PLEASE INCLUDE THIS SHEET TO RETAIN APPLICATION PAGE ORDER.
THANK YOU!