

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



Plan now to join us for summer fun at LIF Camp Lions-Helen Keller at the Reynoldswood Retreat Center in Dixon, Illinois June 13-19, 2010.

LIF Camp Lions-Helen Keller is not for kids! Our camp is for campers age 18 & over. Come join us in the fun! You can enjoy the beauty of nature, horse trail rides, swimming, boating, crafts, games, sports and good company! Housing is in a modern accessible dormitory. Meals prepared by dining staff are served buffet-style in the air-conditioned dining hall. For safety all staff are Red Cross certified in adult CPR & basic First Aid.

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

Applications to attend must be returned by May 1, 2010. 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 (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 13, 2010.

Check-out is from 9 – 11 am on June 19, 2010.

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.

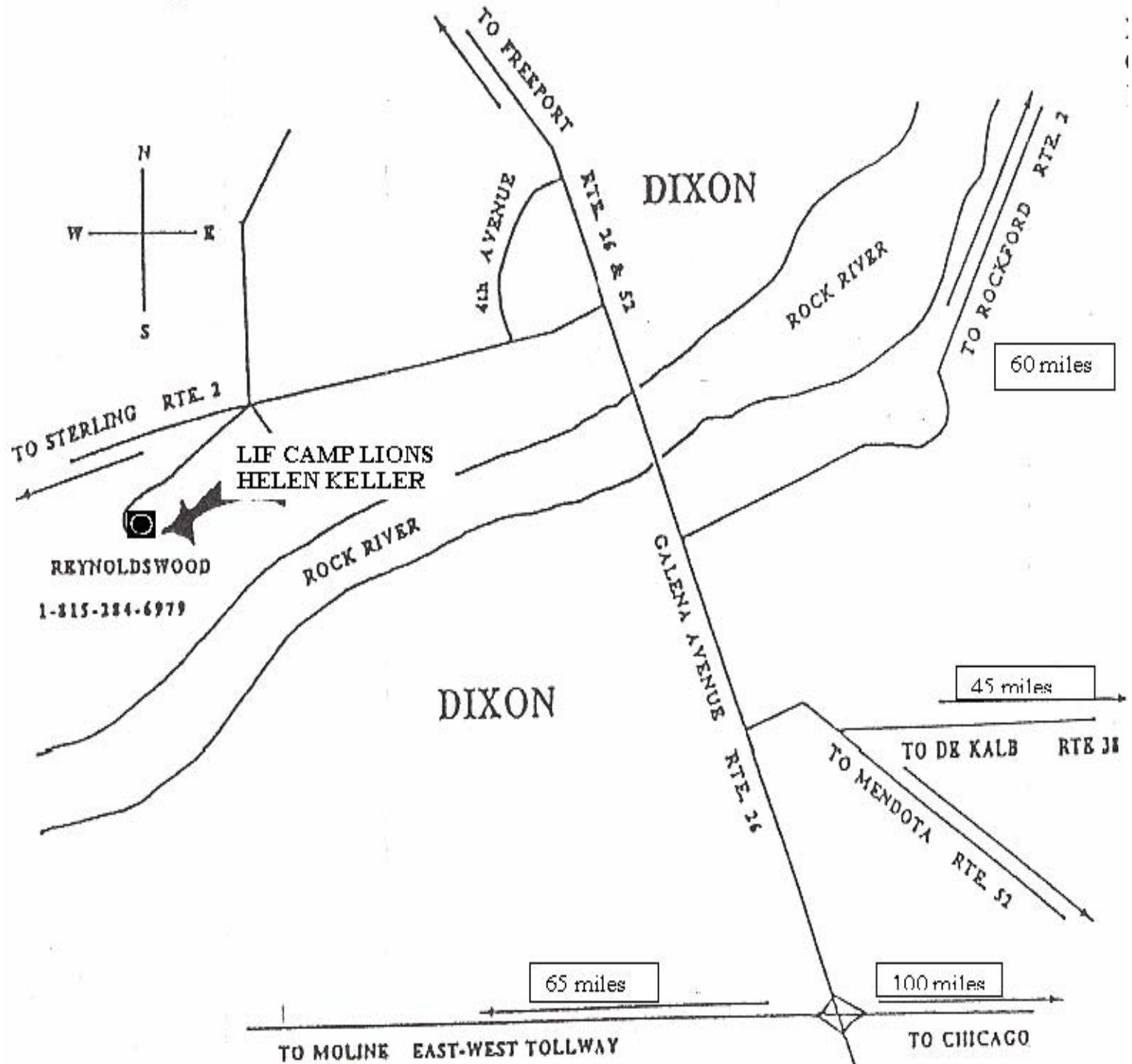
DIRECTIONS TO:

LIF CAMP LIONS- HELEN KELLER

Reynoldswood Retreat Center

621 Reynoldswood Road, Dixon, IL 61021

From Route 88: East/West Tollway) - Take HWY 26 North to IL 2 and go west 2 miles to sign make a left and a sharp right to entrance. Follow signs to the Manor House. Check -in is from 2pm-4pm on June 13, 2010. Check-out is from 9-11am on June 19, 2010.



2010 APPLICATION TO ATTEND

LIF CAMP LIONS - HELEN KELLER FOR DEAF & BLIND ADULTS

DEADLINE TO SUBMIT APPLICATION TO ATTEND IS May 1, 2010.

This application must be filled out completely or it will be rejected. 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 refund for "no shows".

Return entire form to: LIF Camp Lions Registrar, 2814 DeKalb Ave., Sycamore, IL 60178

(PLEASE PRINT) Is applicant completing form? ___Y ___N

If Not, Who: _____ Contact phone for assistant _____

Camper Name _____

Age _____ Birthdate ____/____/____ ___Male ___Female

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

Address _____ City _____

State ___ ZIP _____ Phone(____) _____ Cell Phone(____) _____

E-mail _____

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 ___electronic/pocket braille ___Communication board

___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? ___Body ___Behind the Ear ___In the ear

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

FOR BLIND/PARTIALLY SIGHTED

Extent of Visual Loss: ___Totally Blind ___Partially Sighted ___Wears glasses

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

SELF- HELP SKILLS:

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, a “SSP Registration Form” must be submitted with camper’s application. SSP Forms are enclosed.

Camper Mobility Skills: ___Independent ___Uses Cane ___Uses Guide

Does camper use: ___Wheelchair ___Walker ___Scooter ___Other

Can Camper independently: ___Dress ___Shower/wash ___do hygiene care

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 type of disability? ___Y ___N If yes, please describe:

8. Food allergies or special diet:

HOME ENVIRONMENT:

Does camper live (please check one):

___alone independently ___in a group/assisted care facility

___in a private residence with SSP/Assistant ___ with family who assist you

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

Has camper had canoeing experience? Y N

Rate "In-Camp" program interests :(1-likes, 2-neutral, 3-dislikes)

Swimming Canoeing Boating Horseback Riding

Hiking Fishing Archery Singing Dancing

Nature Study Crafts Cookouts Beeper Ball

Team Sports Card/Board Games Movies

What other in-camp recreational activities does camper suggest?

ATTENTION: 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.

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 & GUIDELINES OF CAMP LIONS HELEN KELLER

A copy of the guidelines will be provided. If, for any reason, you violate these guidelines you will be asked to leave. The Camp Director, 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 knives;

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

*Follow Camp Lions Schedule of activities with your SSP/Personal Assistant to assist as needed.

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 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 activities have certain hazards for which the Lions of Illinois Foundation/Outdoor Retreat Ministries (ORM) 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 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 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 ORM/LIF Camp Director or ORM/LIF Camp Counselor on the camper's participation in the Camp Lions program.

Indemnification Agreement: We hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation, Outdoor Retreat Ministries, 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, Outdoor Retreat Ministries, or their respective employees, agents or representatives.

Date: _____ Signature of Camper: _____

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

2009 LIF CAMP LIONS - CAMP HELEN KELLER APPLICATION FORM

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

Must be submitted by May 1, 2010. Only this form is accepted. *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 include 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 Retardation? ___ Type: _____

(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 and time to be administered : 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:

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

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

HEMOPHILUS INFUENZA B (HIB): Date last given: ___/___/___

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**

ALL FORMS MUST BE SUBMITTED BY May 1, 2010 TO BE CONSIDERED FOR ATTENDANCE.