

## *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 April 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](mailto:adwilson@tbc.net).

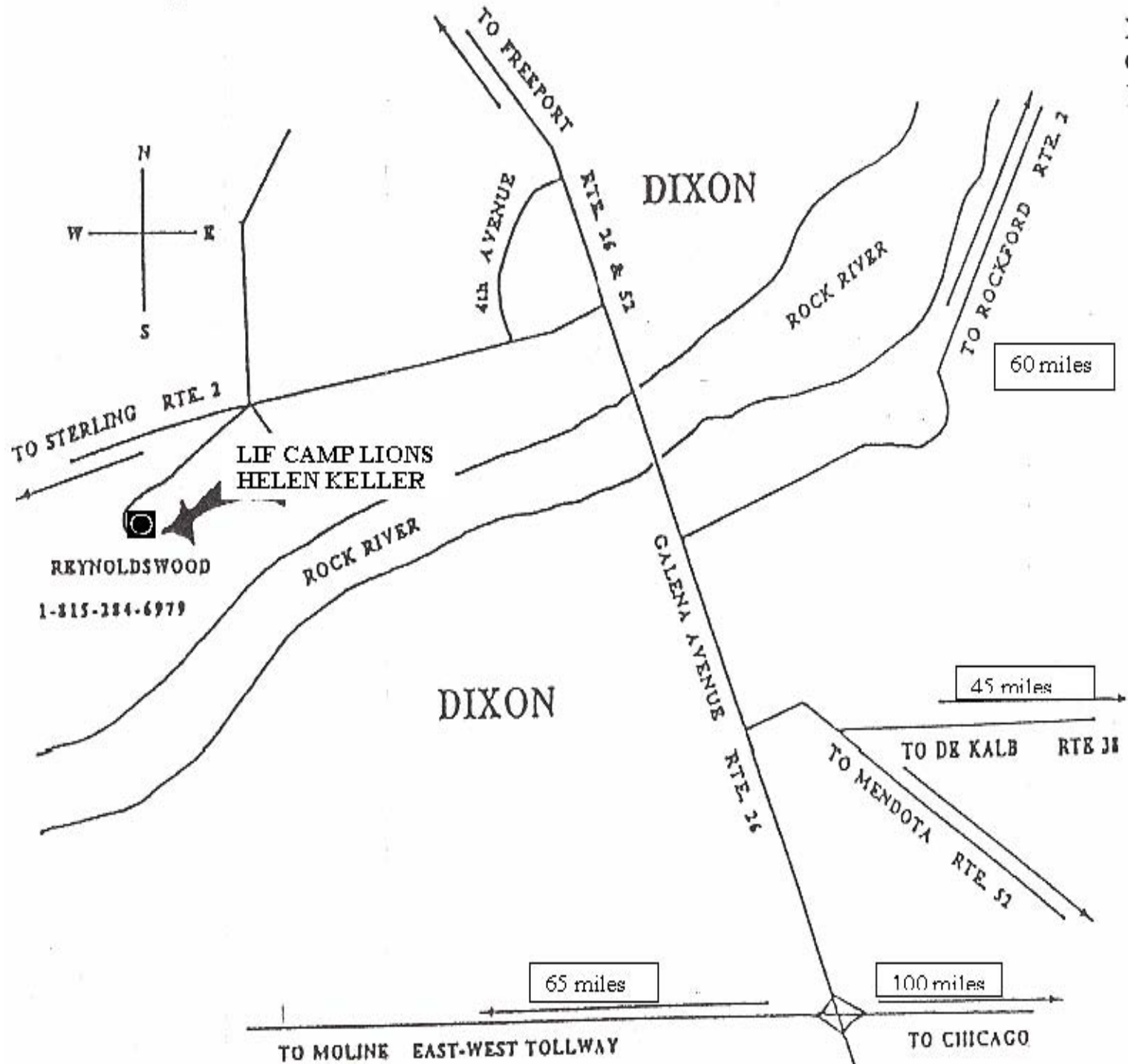
**DIRECTIONS TO:**

**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 YO ATTEND IS APRIL 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?

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**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 APRIL 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 APRIL 1, 2010 TO BE CONSIDERED FOR ATTENDANCE.**