



LIONS OF ILLINOIS FOUNDATION

CAMP HELEN KELLER 2019

26710 W. Nippersink Road Ingleside, IL 60041

Sunday June 16, 2019 to Saturday June 22, 2019

In 1993 The Lions of Illinois Foundation established Camp Lions Helen Keller for Blind and Deaf Adults 18 years and older. This program originated as a response to meet the needs of individuals served by the Department of Rehabilitation Services Blind/Deaf Division and other advocates for the Blind and Deaf adults in Illinois.

Camp Lions Helen Keller is the only program of its kind in the Midwest.



Camp Helen Keller is held at Camp Henry Horner in Ingleside, Illinois. Eligible adults have the opportunity to relax and participate in activities in the great outdoors while being in a safe and accessible environment. Camp Lions Helen Keller is a great place to meet other individuals with similar life experiences. Activities at Camp Lions Helen Keller are designed for adult participants. They include swimming, nature walks, team sports, card and board games, arts and crafts, bowling, and even a talent show and a dance.

Check in Sunday 2pm-4pm / Check out Saturday 9am-11am



Lions of Illinois Foundation

Camp Helen Keller for Blind and Deaf

Eligibility for Adult Campers:

A camper needs to be 18 years or older with a visual acuity range of total blindness or a 20/70 vision in both eyes after best correction and/or have an auditory loss which requires daily usage of communication alternatives such as: sign language, lip reading, or the need of a hearing device such as a hearing aid or a cochlear implant.

ONE TO ONE CARE IS NOT PROVIDED BY CAMP COUNSELORS OR STAFF

Applicant must be **independent in all personal care and hygiene** including showering, toilet, dressing, eating etc. **OR must** be accompanied by an Assistant/PA to perform daily care. A personal assistant or Visual Guide/VG may attend with you at no additional cost to you.

Personal Assistants Requirements: Assistant must complete the additional application form and be able to present a verifiable background check in order to attend.

Applicant must be **independently ambulatory** to move around the campsite and to participate in activities. Applicant must be cognitively capable of understanding and following instructions from counselors and staff.



Camp Lions Helen Keller-Adult's Application 2019

(For Adults 18yrs and older)

26710 W. Nippersink Road Ingleside, IL 60041

Sunday June 16, 2019 to Saturday June 22, 2019

PLEASE HAVE YOUR APPLICATION COMPLETED AND RETURNED TO LIONS OF ILLINOIS FOUNDATION NO LATER THAN MAY 1ST 2019 TO INSURE YOU RECEIVE YOUR FREE CAMP LIONS T-SHIRT.

Please complete all of the Application/Registration Forms.

Please use this **CHECKLIST** to confirm all of the required information has been included.

CAMPER INFORMATION GUARDIAN INFORMATION (IF APPLICABLE) INCLUDE CURRENT E-MAILS		INSURANCE INFORMATION INCLUDING COPY OF INSURANCE CARD	
PERSONAL ASSISTANT/VISUAL GUIDES INFORMATION (IF APPLICABLE) PERSONAL ASSISTANT/VISUAL ASSISTANT COMPLETED APPLICATION MUST ACCOMPANY THIS APPLICATION		PHYSICAL EXAM WITH PHYSICIANS STATEMENT AND SIGNITURE	
EMERGENCY CONTACT INFORMATION		CODE OF CONDUCT CAMPER PLEASE SIGN THE BOTTOM OF THIS FORM	
PERSONAL ASSISTANT/VISUAL ASSISTANT INFORMATION- CAMPER PLEASE SIGN THE BOTTOM OF THIS FORM		CONSENT FORM FOR CAMPER TO PARTICIPATE -INITIAL ALL BOXES	
GENERAL HEALTH INFORMATION- MEDICATIONS INFORMATION		\$15 CAMP DEPOSIT	
HOME ENVIRONMENT/MOBILITY		T-Shirt Size-Completed Registration must be received by May 1st to Guarantee your FREE T-Shirt	
MEDICAL CONDITIONS			
ACTIVITIES INFORMATION			



Camp Lions Helen Keller Camp 2019

- Please **PRINT** – All information must be provided for application to be approved. Incomplete/illegible forms may be delayed.
- ****If Applicant employs a Personal Assistant/Visual Guide/Part of a Group Home, assistant MUST attend camp. “Assistant’s Registration Form” MUST BE SUBMITTED with camper’s application, in order for camper to be approved.**
- All applications are subject to approval and are processed and placed into camp once ALL of the CAMPER'S INFORMATION, ASSISTANT INFORMATION (if applicable) AND \$15 CAMP DEPOSIT ARE RECEIVED. **A CAMPER WILL NOT BE APPROVED UNLESS APPLICATION(S) IS COMPLETE.** *The Lions of Illinois Foundation reserves the right to refuse any application upon review.*

Please attach your \$15.00 deposit check made payable to: **LIF Camp Lions**. Return entire application(s) to:

**Lions of Illinois Foundation
2254 Oakland Drive, Sycamore, IL 60178**

**Fax Number 815-748-9087
E-MAIL camplions@lifnd.org**

*******ATTENDING CAMPERS MUST MAKE THEIR OWN ARRANGEMENTS FOR TRANSPORTATION. CAMP LIONS HELEN KELLER DOES NOT PROVIDE CAMPERS TRANSPORT TO OR FROM THE CAMP SITE. *******

Helen Keller Adult Camper Information

Adult T-Shirt Sizes –check one please
___ Small ___ Medium ___ Large ___ X-Large ___ 2XL ___ 3XL ___ 4XL

Last Name: _____ First Name: _____

Preferred to be called _____ T-shirt size _____

Contact Phone Number:(_____) _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: ____/____/____ Gender: Male ___ Female ___

Is Applicant Self-Guardian? Yes ___ No _____. If not, please list the guardian

Guardian's Name: _____ Contact Phone: _____

Camper's Primary Disability: _____

Does Applicant Currently require an Assistant? YES _____ NO _____

Does Applicant require a Visual Guide? YES _____ NO _____

Personal Assistant/Visual Guide Information

Name of Assistant (First/Last) _____

Assistant's address: _____

City: _____ State: _____ Zip: _____

PH/CELL #: _____ E-MAIL _____

****If Applicant employs a Personal Assistant/Visual Guide/Part of a Group Home, assistant MUST attend camp "Assistant's Registration Form" MUST BE SUBMITTED with camper's application.**

Emergency Contact Information

Name: _____ Relationship _____

Contact Phone Number: _____

Address: _____

City: _____ State: _____ Zip _____

CAMP LIONS HELEN KELLER-PERSONAL ASSISTANT INFORMATION

LIF CAMP LIONS HELEN KELLER ATTENDEES ARE ENCOURAGED TO HAVE A PERSONAL ASSISTANT/ VISUAL GUIDE ATTEND WITH THEM IF NEEDED.

Personal Assistant/ Visual Guide may attend with you at no additional charge to you for their room and board. (PA/VG must complete an application form and present a verifiable background check.)

Attending PA/VG must work for you as a PA or VG and cannot be an additional guest. Campers are solely responsible for paying accompanying assistant's wages and personal expenses. Personal assistants must be 18 years old or older and abide by the same rules of camp conduct as the camper.

A Personal assistant or Visual Guide must pre-register by including necessary information on a separate camp application forms. ****APPLICATION FORMS FOR PERSONAL ASSISTANTS/VISUAL GUIDE ARE INCLUDED WITH THIS PACKET.**

VISUAL AND 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, and toileting of said guide/assistance dog. Notification of dog's attendance must be included on application.

CAMPERS, PA/ VG ARE EXPECTED TO FOLLOW ALL RULES OF CAMP LIONS HELEN KELLER.

Staff will provide campers and PA/VG with guidelines and rules at check-in. If, for any reason, a Camper or his/her PA/VG violate these guidelines both the camper and the PA/VG 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 – (including 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 Personal Assistant/Visual Guide as best as possible.

Attending Campers, PA./VG must make their own arrangements for transportation to and from the camp grounds. Camp Helen Keller does NOT provide campers or camper's assistant transportation.

I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR MY PA/VG TO ATTEND CAMP

NAME _____ **DATE** _____

Helen Keller Camper General Health Information

To avoid an application denial, please submit both camper's general health information, physician's exam and Immunization History form with this application.

Physicians Name: _____ Phone Number: _____

Address: _____ City/State/Zip _____

List all current prescriptions needed to be taken at Helen Keller Camp:

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

Medication	Dosage	Time Given	Reason for use

****If more space is needed please attach a separate sheet.**

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

Home Environment: Does Applicant live....

Alone Independently?	Yes	No
With Family Who Assists you?	Yes	No
In a private home with care?	Yes	No
In a group/Assisted care facility?	Yes	No

Applicant's Mobility Skills: Mobility Ability

Mobility Ability: _____ Walks independently _____ Uses a Cane _____ Uses a Visual Guide

Does Applicant use: _____ Wheelchair _____ Walker _____ Scooter _____ Other

Does Applicant independently: _____ Dress _____ Shower _____ Personal Hygiene _____ Eat/Feed Self

Applicant sleeps: _____ Quietly _____ Restlessly _____ Sleepwalks _____ Wakes Easily

Does Applicant need rest periods during daytime activities? _____ Yes _____ No

If yes; how long? _____ How often _____

Medical Conditions

Does Applicant have any of the following:

Cerebral Palsy: Yes No Level: Mild Moderate Severe

ADD or ADHD: Yes No Level: Mild Moderate Severe

Alzheimer's/memory loss: Yes No

Arthritis/Joint conditions that limit mobility: Yes No

Mobility Limitations: Yes No Describe limitation: _____

Epilepsy: Yes No Frequency of seizures _____

Any other disabilities? Yes No If yes, please describe:

Food allergies or special diet: _____

Camp Activities

Please check all activities you can/will participate in during camp.

Activity	Yes	No
Hiking		
Team Sports		
Horse Riding		
Canoe/boat ride		
Crafts		
Rock Wall		
Zip Line		
Dancing		
Board Games		
Bowling		
Archery		

Are you able to swim?

Yes No

How well? Good Fair Poorly Not at all

Helen Keller Camp Lions 2019

Insurance Coverage

All campers must show proof of Insurance prior to approval.

Insured card holder's name: _____

Name of Carrier: _____

Policy/Group # _____

State Medical Card # _____

Federal Medical Card # _____

***** Please attach copy of current Insurance card *****

**Physical Exam for Camp Helen Keller 2019
TO BE COMPLETED BY LICENSED PHYSICIAN**

Must be submitted on or before May 1, 2019. Only this form is accepted; NO Substitutions.

*Keep a copy for your records.

Examined Name: _____ Gender: M ___ F ___ DOB ___/___/___

Height: _____ Weight _____ Blood Pressure _____ Pulse _____ Respiration _____

Skin Condition: _____

Is this examined person: Please Mark which is applicable

Deaf	
Hard of Hearing	
Blind	
Partially sighted	
Both	

Level of hearing Acuity Unaided: Left ear: _____ Right Ear: _____

Does the examined wear: _____ Hearing Aids _____ Cochlear _____ Both

Which ear is the h/a worn: _____ Right _____ Left

Which ear is the Cochlear worn: _____ Right _____ Left

Level of Visual Acuity: Left eye: 20/_____uncorrected Right eye: 20/_____uncorrected

Left eye: 20/_____corrected Right eye: 20/_____corrected

Does the examined wear: Glasses: _____ Yes _____ No

Contacts: _____ Yes _____ No

Uses eye drops? _____ Yes _____ No

The examined person is currently under physician care for the following condition(s):

Current Treatment(s) to continue at camp: _____

Are "Standing Orders" suggested for examined? Yes/No. If yes, please attach orders.

Medication/Treatments: All medications must be in properly labeled containers

Medication	Dosage	Time Given	Reason for use

Does examined have diabetes? _____ Yes _____ No Type: _____

Is the examined on Insulin? _____ Yes _____ No Type: _____ Oral _____ Inject

Dosage: _____ If IM shots are used can person self-inject? Y/N

Any medically prescribed meal plan or diet restrictions _____ Yes _____ No

If Yes, describe _____

(Physical Exam Camp Helen Keller-(PAGE 2 OF 2 Continued)

Does the examined have Asthma? Yes___ No___ Use an Inhaler? Yes___ No___ What Type_____

Should the examined keep inhaler? Yes___ No___ Or Inhaler remains in nurse's office? Yes___ No___

Does the examined have Cerebral Palsy? Yes___ No___

Does the examined have Muscular Dystrophy? Yes___ No___

Does the examined have epilepsy/seizure disorder? Yes___ No___ If Yes, frequency of seizures _____

_____ On Medication Yes___ No___ Describe on set behavior _____

Does the examined have any cognitive/behavioral disabilities? Yes___ No___ If yes, please describe:

BD___ ADD___ LD___ ADHD___ Alzheimer's___ MI___ Other: _____

Does the examined wear false teeth/partial plate? Yes___ No___

Does the examined use a prosthesis? Yes___ No___

Does the examined use a Wheelchair___ Walker___ Crutches___ Braces___ Other _____

Any allergies (food, drugs, plants, insects, etc.)? Yes___ No___ If Yes, please 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 TO INCLUDE*****

Tetanus shot for camp (within 10 years) Date last given: ___/___/___

TB Test for camp (within 3 years) Date last given: ___/___/___ Result: _____

Please mark an x by appropriate answer

I have examined the above LIF Helen Keller 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: _____ City _____ State _____

Daytime Phone: _____ Emergency Phone: _____

Email: _____

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

Return to:
Lions of Illinois Foundation
Camp Helen Keller
2254 Oakland Drive, Sycamore, IL 60178
camplions@lifnd.org or Fax: 815-748-9087

******* APPLICATION DEADLINE IS 5/1/2019 *******



Camp Helen Keller – Rules and Code of Conduct

Campers Name: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone Number:** _____

It is our commitment to provide a wonderful camping experience for all of our campers. To assist us in offering as memorable an experience we possibly can, please review our camper code of conduct and sign your agreement.

We want to create a safe and nurturing environment for everyone!

Guiding Principles

- To ensure that the rights of all individuals are protected while attending the camp.
- To establish the safest and best possible learning environment for all camp participants.
- To ensure that breaches of the rules and code of conduct are treated in a fair and consistent manner.

Expectations

- All campers and PA/VG's have the responsibility to treat one another, staff and property with respect.
- All campers and PA/VG's have the responsibility to act and behave in a way which does not endanger, intimidate or interfere with the participation of others.
- All campers and PA/VG's have the responsibility to follow the instructions given by camp counselors and staff
- All campers and PA/VG's have the responsibility to behave according to this code of conduct.

Camp Helen Keller – Rules and Code of Conduct

Rules – the following forms of behavior are considered a violation of this document and are unacceptable and could result in the immediate dismissal of camper(s):

- Please keep usage of a cell phone to a minimum – please remember you are at camp.
- Using language which is offensive, sexist or racist
- Fighting, bullying or any other forms of aggressive behavior
- Leaving camp boundaries without consent of counselors or staff
- Behaving in a manner which is potentially dangerous to self and others.
- Behaving in a manner which damages or vandalizes the property of others or Camp Lions.
- Stealing or borrowing other people’s possessions without their consent will not be tolerated.

Any breach of the Rules or the Code of Conduct will initiate disciplinary action. Camp Lions reserves the right to suspend or dismiss a camper’s participation in camp activities, without refund of any camp monies, if such disciplinary action is required. Before a decision is fully made, the camper and or/guardian will speak with camp coordinator to determine the best course of action.

- **Agreement:**

I have read and agree to adhere to the above Rules and Camper Code of Conduct of Camp Lions Helen Keller. I fully understand the Rules and Code of Conduct as detailed above and I agree to disciplinary action should any violation occur.

Camper’s Signature: _____

Date: _____

2019 Consent Form – Helen Keller

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 and Camp Henry Horner can not 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'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/her own.

Consent to the taking and use of photos and videos: We hereby give our permission for photographs and videos to be taken during any/all LIF Camp activities and for the publication or other use of such photographs and videos 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, Camp Henry Horner, 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, Camp Henry Horner or their respective employees, agents or representatives.

Date: ____/____/____ **Signature of Camper: _____

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