

**New for 2019**

**Lions of Illinois Foundation**

**High Adventure Camp is FREE**

**for Eligible Adults ages 18-24**



**Sunday June 30th to Saturday July 6th 2019**

**Cedar Point 1327 Camp Cedar Point Ln Makanda, IL**

This camp is for the camper who like High Adventure. Hiking, Rock wall climbing, zip lining, boating, archery, canopy climbing and more. Along with traditional Camp Lions activities like swimming, fishing this camp offers an opportunity to explore new activities in a rustic setting.

**If you like being outdoors and being on the move, this camp is for you.**

**Eligible Adult Campers** must be between the ages of **18-24 years old at the start of camp**, and must be either blind or have a vision loss of 20/70 after best correction and/or a hearing loss which requires daily use of communication alternatives such as sign language or lip reading and or use of a hearing aid, cochlear implant, or similar auditory device.



**2019**

# Adult High Adventure Camp

(for ages 18yrs to 24yrs)

**Lions of Illinois Foundation**

2254 Oakland Drive Sycamore, Illinois 60178

815-756-5633 – Fax: 815-748-9087

**camplions@lifnd.org**

T-Shirt Sizes Please Circle One			
Adult Sizes			
S	M	L	XL
2XL	3XL	4XL	

## Sunday June 30th to Saturday July 6th 2019

1327 Camp Cedar Point Ln Cedar Point Makanda, IL

**Sunday Check In 2pm-4pm Saturday Check out 9am-11am**

Please **PRINT** – All information must be received for application to be approved. Incomplete/illegible forms may be returned. Deadline to submit **May 1st, 2019 to guarantee your FREE T-SHIRT.**  
All applications are subject to approval

**All completed applications received will be reviewed for eligibility.**

**Only completed camper applications will be assigned to a camp after review.**

**All approved campers will receive an e-mail approval letter.**

**Please complete ALL registration forms and use check list below to confirm all information has been filled out and included in your e-mail/fax or mailing.**

### CHECKLIST

<b>CAMPER INFORMATION</b>	<b>INSURANCE INFORMATION</b>	
INCLUDE CURRENT E-MAILS	INCLUDING COPY OF INSURANCE CARD	
<b>EMERGENCY CONTACT INFORMATION</b>	<b>PHYSICAL EXAM WITH PHYSICIANS STATEMENT AND SIGNATURE</b>	
<b>GENERAL HEALTH INFORMATION- MEDICAL INFORMATION</b>	<b>CONSENT FORM FOR CAMPER TO PARTICIPATE -INITIAL ALL BOXES</b>	
<b>SELF HELP SKILLS</b>	<b>CODE OF CONDUCT SIGNED</b>	
<b>EQUIPMENT CARE</b>	<b>\$15 CAMPER store deposit</b>	
<b>ACTIVITIES INFORMATION</b>	<b>T-Shirt Size– located on the top of this page</b>	
	<b>Completed Registration must be received by May 1st to Guarantee a FREE T-Shirt</b>	

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



## Camp Lions Adult High Adventure Camp

"Ages 18-24 years"

### ELIGIBLE CAMPERS ATTEND CAMP LIONS for FREE

**Eligible Campers** must be between the ages of **18-24 years old at the start of camp** and must be either blind or have a vision loss of 20/70 after best correction and/or a hearing loss which requires daily use of communication alternatives such as sign language or lip reading and or use of a hearing aid, cochlear implant, or similar auditory device.

Campers **must be able to do all** personal care and hygiene, including dressing, bathing and toilet. Counselors do not provide one to one care. Campers should also be independently ambulatory to maneuver the campgrounds & able to understand & follow Counselor directions in all camp activities.

*A \$15 deposit is required for group photo and camper personal spending money*

#### Camper Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Camp: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Home Phone # :(\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Age at start of Camp: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male\_\_ Female\_\_

Have you been to Lions Camp before? Yes / No When \_\_\_\_\_

Primary Disability: \_\_\_\_\_

#### Emergency Contact Information

*Must be an adult 18 or older*

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

# Camper General Health Information

## To be completed by camper

**Submit both your general health information and physician's exam form or application will be denied.**

Family Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**List all current prescriptions to be taken at Camp Lions:**

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:

Medication	Dosage	Time Given	Reason for use

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

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

**Have you ever had a seizure:** Yes \_\_\_ No \_\_\_ Severity /Type \_\_\_\_\_?

Approximate date of last seizure: \_\_\_/\_\_\_/\_\_\_ what causes seizure? \_\_\_\_\_

Describe your behavior before and after seizure: \_\_\_\_\_

**Are you currently receiving care for / have a diagnosis of any of the following: (please ✓ everything applicable).**

\_\_\_\_\_ None Applicable

Deaf/Hard of Hearing	Visual Impairment	Frequent Ear Infections
Down Syndrome	ADD/ADHD/LD	Asthma
Autistic behaviors	Learning Disorder	Allergy that requires Epi-pen
Cerebral Palsy	Chronic Communicable Disease (please specify)	Allergy to horses
Multiple Sclerosis (MS)	HIV/AIDS	Allergy to Penicillin
Seizure Disorder	Hepatitis	Chemical Sensitivities
Mental Health Condition (please specify)	Hemophilia Clotting Issues	Insect bite allergy
Depression	Heart Condition	Allergy to poison Ivy
Psychiatric Treatment	Hypertension	Food Allergies (please specify)

**Have you ever had had any of the following (please ✓ everything applicable).** \_\_\_\_\_ None Applicable

Measles	Polio	Chicken Pox
Mumps	TB	Hepatitis

## Camper General Health Information (continued...)

**Other Health Conditions:** (please specify): \_\_\_\_\_

Please provide additional information on any condition as indicated: \_\_\_\_\_

### Blind/Partially Sighted Campers Only – please complete ENTIRE section      Not Applicable \_\_\_\_\_

Degree of Vision loss:      Blind \_\_\_\_\_      Partially sighted: \_\_\_\_\_

**BEFORE CORRECTION:**      Visual Acuity in right eye 20/ \_\_\_\_\_ left eye 20/ \_\_\_\_\_

**AFTER CORRECTION:**      Visual Acuity in right eye 20/ \_\_\_\_\_ left eye 20/ \_\_\_\_\_

**Needs Personal Guide:**      Yes \_\_\_\_\_      No \_\_\_\_\_

**Wears Glasses:**      Yes \_\_\_\_\_      No \_\_\_\_\_

**Uses Cane:**      Yes \_\_\_\_\_      No \_\_\_\_\_

**Uses Guide Dog:**      Yes \_\_\_\_\_      No \_\_\_\_\_

### Deaf/Hard of Hearing Campers Only – please complete the ENTIRE section      Not Applicable \_\_\_\_\_

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 cochlear worn in?** Left \_\_\_\_\_      Right \_\_\_\_\_      Both \_\_\_\_\_

**Which ear / ears is the hearing aid worn in?**      Left \_\_\_\_\_      Right \_\_\_\_\_      Both \_\_\_\_\_

**Communication skills:**

Talks well \_\_\_\_\_      Finger spells \_\_\_\_\_      lip reads \_\_\_\_\_      Sign Language \_\_\_\_\_      Other \_\_\_\_\_

### Self Help Skills

Can you do these skills independently (please ✓ which applies):

Dress \_\_\_\_\_      Eat \_\_\_\_\_      Wash hands \_\_\_\_\_      Shower/bath \_\_\_\_\_      Toilet \_\_\_\_\_

**Mobility:**

Walk Unassisted      Yes \_\_\_\_\_      No \_\_\_\_\_

Walk on uneven ground independently      Yes \_\_\_\_\_      No \_\_\_\_\_

Do you independently use:      Walker \_\_\_\_\_      Crutches \_\_\_\_\_      Wheelchair \_\_\_\_\_      Other \_\_\_\_\_      N/A \_\_\_\_\_

### Equipment Care

**Equipment Care:** Do you know how to care for your hearing or visual equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what care is needed: \_\_\_\_\_

Can you independently put on braces and prosthetics if used?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_

**Activities**

**Please note that this is a High Adventure Camp and Camper's will be challenged with several different activities. Campers will be asked to participate in activities to the best of their ability.**

Can you Hike?                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
Can your swim?                      Yes \_\_\_\_\_                      No \_\_\_\_\_ \*How well? \_\_\_\_\_  
Need instruction with swimming?                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
Any canoeing experience?                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
Horseback Ride?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Have you had any serious illnesses, operations or injuries that might hinder your participation in Activities?  
Yes \_\_\_ No \_\_\_

If yes, list restrictions: \_\_\_\_\_

**Insurance Information**

**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\*\*\***

# **Camp Lions of Illinois Physical Exam and Physicians Statement**

Entire form to be completed by examining physician. (No substitute forms accepted.) Must attach to application when submitted.

**Exam information must be within one year of Camp dates Camper will be attending. (Ex: Camper attending camp August 3rd 2019, camper's physical will be valid from August 3rd 2018 through August 3rd 2019)**

**Doctor, please print clearly and answer all questions.**

Camper's Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

What is camper's primary disability? \_\_\_\_\_

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

If yes, please list condition(s) \_\_\_\_\_

Current Treatment(s) \_\_\_\_\_

Is camper: Deaf\_\_\_ Hard of Hearing\_\_\_ Blind\_\_\_ Partially sighted\_\_\_

Does Camper wear a hearing aid/implant? Y\_\_\_ N\_\_\_

If yes, which ear(s)? L\_\_\_ R\_\_\_ Both ears\_\_\_

Does camper have any of the following conditions? Mark all applicable None Applicable\_\_\_\_\_

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\_\_\_ Can camper self-inject medication if needed Y\_\_\_ N\_\_\_

Does camper have Hepatitis? Y\_\_\_ N\_\_\_ Type:\_\_\_\_\_

Does the camper have Asthma? Y\_\_\_ N\_\_\_ Uses 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.)? \_\_\_\_\_

Treatment needed to counteract \_\_\_\_\_

Any activities camper cannot participate in? \_\_\_\_\_

## **Immunizations – Mandatory by state guidelines:**

Attach current immunization record with the date (month and year) of basic immunization and any recent boosters.

Tetanus shot/booster for camper must have been administered within the last 10 (ten) years.

Date administered\_\_\_\_\_.

## **Physicians Statement:**

**Doctor, please complete in full or application for Camp Lions will be denied.**

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 \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Examining Physicians' signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Camp Lions – Rules and Code of Conduct

Campers Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

It is our commitment to provide a wonderful camping experience for all campers. To assist us in offering a memorable experience we possibly can, please review our camper code of conduct (see below). 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 have the responsibility to treat one another, staff and property with respect.
- All campers have the responsibility to act and behave in a way which does not endanger, intimidate or interfere with the participation of others.
- Campers have the responsibility to follow the instructions given by camp staff
- All campers have the responsibility to behave according to this 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 your cell phone to a minimum-Please remember you are at camp.**
- Using language which is obscene, offensive, sexist or racist
- Fighting, bullying or any other forms of aggressive behavior
- Use of Alcohol or illegal substances
- Bringing weapons (including pocket knives)
- Leaving camp boundaries without consent of Camp 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
- Borrowing other people's possessions without their consent.

Any breach of the Rules or the Codes of Conduct will initiate a disciplinary actions. Camp Lions reserves the right to suspend or dismiss a camper's participation in camp activities, without refund, if such disciplinary actions is required. Before a decision is fully made, the camper will meet with camp coordinator to determine the best course of actions.

### Agreement:

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

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CONSENT FORM CAMP LIONS-ADULT ADVENTURE CAMP**

**PLEASE read the following carefully before signing. This form must be completed and submitted with application.**

My attached 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.

Please initial

**CONSENT TO CAMP ACTIVITIES:**

I 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. I also understand that if qualified camp counselors and supervisors deem it appropriate, I may be offered an opportunity to engage in certain special activities posing special risks, such as horseback riding, rock climbing, zip lining. I fully understand that, even after reasonable precautions have been taken, Camp Lions has certain hazards for which neither the Lions of Illinois Foundation nor the staff and representatives of Camp Manitowa, Cedar Point Camp will be held responsible.

Please initial

**CONSENT TO MEDICAL TREATMENT:**

I fully understand that, even after reasonable precautions have been taken, Camp Lions has certain hazards for which neither the Lions of Illinois Foundation nor the staff and representative of Camp Manitowa, High Adventure Camp, will be held responsible. I request that I be held at the local hospital in case of illness or injury and that the camp staff notify my emergency contact as soon as possible at a telephone number which I agree to supply. I hereby give my permission to the physician selected by the Camp Director, Site Manager or medical personnel to hospitalize and/or obtain appropriate medical care in the event of a medical emergency or other circumstance likely to have an adverse effect upon my health, if emergency contact cannot be reached in such a situation. I agree to pay the usual charges for such emergency treatment of first aid. I desire my emergency contact be notified as soon as possible, by telephone or other appropriate means, of any such emergency or other circumstance likely to have an adverse effect upon my health, including notification of any emergency treatment first aid administered. I desire the Camp Director to care for me as if I am his/her own family.

Please initial

**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. I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, as named above in case of emergency. The completed camp application forms may be photocopied for trips out of the camp.

Please initial

**CONSENT TO TAKE AND USE OF PHOTOGRAPHS AND VIDEO – POSTING ON FACEBOOK**

I hereby give my permission for photos and videos to be taken during any Camp activity and for the publication or other use of such photographs and videos for Public Relations, Fund Raising, Facebook or any other purpose reasonably related to the operation or promotion of the Camp Lions camp program.

Please initial

**INDEMNIFICATION AGREEMENT**

I hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation, Camp Manitowa, Cedar Point Camp, East Bay Camp, and JCYS Camp Henry Horner 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 my 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, East Bay Camp, JCYS Camp Henry Horner, or their respective employees, Agents, or representatives.

**I have read and understand by signing this document I am giving my consent.**

Campers Signiture \_\_\_\_\_

Date \_\_\_\_\_

# FAX FORM



**All Registration Forms must be complete, including \$15 Check or Money order, and received no later than **MAY 1st 2019** to guarantee your **FREE T-SHIRT** Final Deadline is June 1st 2019**

To:	Camp Lions Adult High Adventure Camp Ages 18-24yrs	From:	
Fax:	815-748-9087	Pages:	
Phone:		Date	
Re:		E-mail	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_