# *Kentucky Lions Youth Camp*



## *Serving Blind/Vision Impaired Youth Since 1982*

## *Serving Deaf/Hard of Hearing Youth Since 1992*

## 2015 Camper Application – Please Print All Information

**Blind/Vision Impaired Camp Deaf/Hard of Hearing Camp**

# Camper Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone w/area code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-shirt size: Youth** SM MED LG OR **Adult** SM MED LG XL

Has Camper attended camp before? Yes No Lions Camp? Yes No

*Information below MUST be completed on each camper or application will not be accepted.*

Complete the following for **BLIND/VISION CAMPERS**: Camper is Totally Blind Legally Blind Partially Blind

Corrected vision: \_\_\_\_/\_\_\_\_ Right eye \_\_\_\_/\_\_\_\_ Left eye Camper reads: Braille Large Print Regular Print

Does Camper wears glasses Yes No Contact Lenses Yes No

Complete the following for **DEAF/HARD of HEARING CAMPERS:** Camper is Deaf Hard of Hearing

Has Cochlear Implant

Camper communicates Speech Only Sign Language & Speech Sign Language Only

Does child wear hearing aids? Yes No Right Ear - Serial #\_\_\_\_\_\_\_\_\_\_\_\_Brand name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Left Ear - Serial #\_\_\_\_\_\_\_\_\_\_\_\_Brand name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of hearing aid batteries ***Please bring extra batteries!***

***An eye report for children with visual problems or an audiological evaluation***

***may be attached instead of the above information***

Complete the following for All campers. (Parents: please attach picture)

Camper is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of last tetanus \_\_\_\_\_\_\_\_\_\_

Medical Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Send Copy of Card)*

Insurance information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper is on medication No Yes - Please, attach list and describe in detail any allergies.

Camper requires earplugs No Yes *(Parents, please send ear plugs to camp with the camper)*

Camper requires assistance with: Dressing Toilet Mobility Showering Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If camper has behavior problems, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other impairment/limitation (wheel chair, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List each diagnosis or chronic illnesses related to camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does camper have problem with bed-wetting? No Yes Constipation? No Yes

**Turn application over and complete the emergency and authorization section.**

**CAMPER ELIGIBILITY: Boys and girls ages 6 through 15 with hearing or vision impairments.**

Emergency Contacts (needs to be people other than the parents who can be contacted if parents are not available)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_

Please Print: Mother’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s name, if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker’s name & telephone number, if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Release & Authorization (Signature required for approval of application!)**

1. I hereby agree to release and hold KY Lions Youth Camp staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from the proper administration of the Non-Prescription medications, and the Prescription Medications the camper brings to camp with them.
2. In case of an EMERGENCY, where the camper needs to be seen by a physician, I hereby give my permission for my child to be transported to a medical facility or hospital for the purpose of conducting examinations, ordering x-rays, administering tests and/or receiving EMERGENCY treatment.
3. Can pictures/slides be taken of camper for purpose of media release or public information/education? YES NO *NOTE: We take no responsibility concerning photos taken by other campers.*
4. This consent allows appropriate Camp staff to give “Over-the-counter” medications as needed, without having to contact you each time during this camp session.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian

Address (if different than camper)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application must be received at least 30 days prior to camp. Return this application and a copy of Insurance or Medical card to:**

**Lions Camp Crescendo, Inc. If you have questions contact:**

# P. O. Box 607 Will Mayer, CO-Director

**Lebanon Junction, KY 40150** willam314@hotmail.com

Ph: (502) 833-3554 or (502) 833-4427(859) 230-0217

# Toll Free: 1-888-879-8884 Christina Turpen, CO-Director

Christinats02@yahoo.,com

(502) 762-4288

# Billie J. Flannery, Administrator

wibblesb@aol.com

#### 

**2015 Camp Dates @ Lions Camp Crescendo: June 28th. – July 3rd, 2015**

**(If application is accepted, you will receive an acceptance letter)**

**Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**