

## GEORGIA LIONS CAMP, INC.

5626 Laura Walker Road; Waycross, Georgia 31503-6488

Phone (912) 283-4320/Fax (912) 283-5130/ Email: [Director@glcb.org](mailto:Director@glcb.org)/[www.glcb.org](http://www.glcb.org)

Dear Campers, Parents, & Teachers:

The administration of the Georgia Lions Camp is very excited to invite you to join us for our 2018 summer program! This year our campers will become "Globe Trotters". Everyday will be an adventure. We are looking forward to seeing you all here! Please complete the enclosed paperwork (front & back). Then return it along with your camp fee to ensure your reservation. No camper will have a secure spot until ALL PAPERWORK and FEE is submitted back to the camp, including the Camper Health History (Form 1) & the Camper Health-Care Recommendation (Form 2) which is the **"Physical," & must be filled out and signed by a licensed medical personnel person.**

\*Please note the following information carefully, as several changes have occurred including length of camper stays. \*\*

<u>2018 Summer Schedule</u>	<u>FEES</u>	<u>OUT OF STATE</u>
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### **Session 1 - June 10-15**

Family Camp/5-9 years of age	\$350.00 per person	\$500.00 per person
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\*Camper must be accompanied by Parent or legal Guardian for this session. \$350.00 for camper & \$350.00 for parent/guardian is required.\*

### **Session 2 - June 17-22**

Pre Teens/6-12 years of age	\$350.00 per person	\$500.00 per person
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### **Session 3 - June 24-29**

Older Adults/35 & up	\$350.00 per person	\$500.00 per person
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### **Session 4 - July 01-06**

Young Adults/18-34 years of age	\$350.00 per person	\$500.00 per person
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### **Session 5 - July 08-15**

Teenagers/13-17 years of age	\$350.00 per person	\$500.00 per person
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An additional \$75.00 transportation fee is required for campers who use chartered Macon Travel Services.

Summer T-shirts **are** included in the above price. (be sure to mark your size)

**"Financial assistance, full scholarships, and partial scholarships are available to qualified campers that reside in the state of Georgia based upon financial need and/or hardship. No scholarships available for Out of State campers. If you need financial assistance, please request a financial aid application from the Camp Director." Fees are non-refundable.**

**\*Anyone under 6 years of age will require a guardian/parent. Fee will be required for guardian/parent.\***

Arrival/Departure PER SESSION:

**Arrival: Registration:**

-- Georgia Lions Camp, Waycross Georgia - 4:00 pm – 5:00 pm

-- The Georgia Academy for Blind, Macon Georgia - 12:00 - 1:30 pm

(charter bus to the Georgia Lions Camp, Waycross)

NOTE: Campers must be picked up promptly between 12:00 & 1:30 pm. Charter Bus will depart and return to Waycross at **1:35 pm.**

**Departure: Registration:**

-- Georgia Lions Camp, Waycross - 9:00 – 10:30 am

-- The Georgia Academy for Blind, Macon - 12:00 - 1:30 pm

NOTE: Campers must be picked up promptly between 12:00 & 1:30 pm. Charter Bus will depart and return to Waycross at **1:35 pm.**

In case of an emergency and you miss pick up time for your camper - you can call and make arrangements to meet the bus to get your camper, if not you must pick your camper up in Waycross at the Georgia lions Camp as soon as possible.

## **Attendance Policy**

Registration must be in their own age range with no exceptions for campers under 18 years of age.

There may be exceptions made for adults per the Directors discretion.

## **Spending Money**

Campers are offered, Cold (drinks) beverages, which require spending money. While the amount is optional, \$5.00 may be sufficient. The amount brought to Camp will be entered into a spending log and returned to the parent at the end of the camping session.

## **Deadline**

**The deadline for the receipt of All documentation for 2018 Summer Camp is April 21, 2018. Reservations are on a first come, first serve basis. We anticipate filling the camp in several sessions; so make sure you get your PAPERWORK (APPLICATION, WAIVERS, CONSENT FORMS, HEALTH HISTORY, PHYSICAL, & FEE) back to us ASAP.**

If there are spots still available after the April 21st deadline we will try to the best of our ability to accommodate every request.

We are looking forward to a safe, memorable, and fun-filled summer and hope to have you and/or your child attend. Please feel free to contact the office with any questions regarding the application process.

I hope to see y'all soon.

*Mike Williams,*

Acting Director

Georgia Lions Camp

In the upcoming 2018 Summer Camp Season, The Georgia Lions Camp will be adding a week called **“Enhanced Family Camp”**

The date for this session is June 10<sup>th</sup> through June 15<sup>th</sup>.

This week will be for campers, ages 5 to 9 years old.

This week is designed for both the parent and the camper. The camper must be accompanied by their parent or legal guardian.

This week is designed to assist parents or guardians with information that will assist them in everyday involvement with their child as they move from the home environment into school. The adult will be given information about support services and resources that will help nurture the development of a student who is visually impaired.

During this week the child will be involved with our daily schedule of recreational activities.

Information about this program has been provided to all vision teachers in Georgia.

If you are interested in this program, please contact your child’s Vision Teacher.

Thank You and we hope to see you at Camp,

Mike Williams

Acting Director

Georgia Lions Camp Inc.

Waycross, Ga.

**Application MUST be returned by April 21, 2018.**

Please answer the following question as completely as you can.

**PLEASE PRINT NEATLY. Incomplete forms will be returned.**

Camper's Name (First): \_\_\_\_\_ (Last) \_\_\_\_\_

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

County: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Birth date: \_\_\_\_\_

Age at Camp: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Camper Lives (**circle one**):    Independently                      With Family              With Foster Family

Family Group Home                      Residential Facility

Name of residential Facility or Agency:

\_\_\_\_\_

**FAMILY/GUARDIAN INFORMATION**

Parent/Legal Guardian:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

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

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Where should program correspondence be sent? \_\_\_\_\_ Self(Camper) \_\_\_\_ Contact listed above

Program correspondence email address: \_\_\_\_\_

**EMERGENCY AND/OR OTHER CONTACT INFORMATION** (other than those listed above)

Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

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

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**2018 SUMMER SCHEDULE (Please circle session attending)**

Session 1	June 10-15	Family Enhanced Camp (ages 5-9)
Session 2	June 17-22	Pre-teen (ages 6-12)
Session 3	June 24-29	Older Adults (ages 35-up)
Session 4	July 1-06	Young Adults (ages 18-34)
Session 5	July 8-15	Teenagers (ages 13-17)

**How will your camper be arriving and departing from camp?**

(Please circle one for Arrival and one for Departure)

<b>Arrival:</b>	Georgia Lions Camp	Waycross	4:00 pm – 5:00 pm
	Georgia Academy	Macon	12:00 pm – 1:30 pm
<b>Departure:</b>	Georgia Lions Camp	Waycross	9:00 am – 10:30 am
	Georgia Academy	Macon	12:00 pm - 1:30 pm

**CAMPER INFORMATION**

In the following sections, please check off any statements that apply. You may check off as many as are needed, unless otherwise specified. Please answer thoroughly; giving examples as needed. Use and attach additional paper if necessary. \*Camper must be able to care for own personal hygiene.

**General Information**

Has the camper ever been to camp before? Yes ( ) No ( )

if yes, name of camp: \_\_\_\_\_

Does the camper read? \_\_\_\_\_ Print \_\_\_\_\_ Large Print \_\_\_\_\_ Braille \_\_\_\_\_

Does the camper write print? Yes ( ) No ( )

Does the camper get along well with persons his/her age? Yes ( ) No ( )

What are the camper's interests?

**Camper t-shirt size:** \_\_\_\_\_

## Activities

	Swims Well
	Will not get into water willingly
	Cannot swim, but will go into the water
	Fears water
	Good fine motor skills
	Poor fine motor skills

Favorite outdoors activities are:

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Favorite indoor activities / games are:

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Activities camper does not like are:

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## Activity Level

	Has typical attention span for his/her age
	Is under active (needs motivation to participate)
	Stays up with the group

	Has a very short attention span
	Is overactive or hyper
	Tends to wander

Please describe how you manage his/her activity level, motivate participation, etc:

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If overactive or a wanderer what are ways to redirect their attention:

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## Mobility

	Walks/Runs Independently
	Needs Assistance Walking/Running
	Needs Assistance on Steps/Soft Sand
	Uses a Walker

	Wears AFO's or Braces on Legs
	Uses a Wheelchair

Mobility Comments:

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## Sleep

Are there any unusual sleeping patterns we should know about?

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Does the camper need a night light or have a bedtime routine?

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How many hours does the camper sleep at night? \_\_\_\_\_

Can the camper sleep out in a tent?

Yes (   ) No (   )

If no, why?

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## Toileting, Showering, & Dressing

**MUST be able to care for his/her own personal hygiene.**

Please check all that apply	Independently	With Verbal Cues	Some Assistance	Total Assistance
Uses Toilet				
Menstrual Care				
Shampooing				
Soaping				
Adjusting Water				
Hair Care				
Brushing Teeth				
Putting on/taking off shirt				
Putting on/taking off shoes				
Putting on/taking off pants				

Toileting, showering & dressing comments:

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## Communication

\_\_\_\_\_ Verbal    \_\_\_\_\_ Non-Verbal    \_\_\_\_\_ Sign Language

Does the camper understand questions? Yes (    ) No (    )

Does the camper respond to questions? Yes (    ) No (    )

Can the camper communicate his/her needs and wants? Yes (    ) No (    )

Further instructions regarding communication.

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## Behavior/ Social Interaction

(Please check all that apply)

<input type="checkbox"/>	Outgoing
<input type="checkbox"/>	Helpful
<input type="checkbox"/>	Shy/Withdrawn
<input type="checkbox"/>	Gets upset easily
<input type="checkbox"/>	Initiates conversations
<input type="checkbox"/>	Enjoys social gatherings
<input type="checkbox"/>	Happy
<input type="checkbox"/>	Eager to learn new things
<input type="checkbox"/>	Unsure of new situations
<input type="checkbox"/>	Self abusive

<input type="checkbox"/>	Needs continuous direction
<input type="checkbox"/>	Verbally aggressive/demanding

<input type="checkbox"/>	Is a leader
<input type="checkbox"/>	Uses appropriate touch
<input type="checkbox"/>	Able to accept responsibility
<input type="checkbox"/>	Physically aggressive

Please describe in detail these or any other challenge behaviors we should know about:

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Do you have a specific way of handling behaviors described above (time-outs, 1-2-3, charts, etc)?

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What usually triggers challenging behaviors?

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What are two or three effective rewards?

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Does the camper have an emotional health concern? Yes ( ) No ( )

If yes, please specify and give details:

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During the past year, has the camper seen or is currently seeing a professional to address mental/emotional health concerns? Yes ( ) No ( )

If yes, please give a brief plan of camper care:

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Has the camper had a significant life event (death of a loved one, family change, trauma, etc.) that continues to affect his/her life?

Yes ( ) No ( )

If yes, please specify and give additional detail as needed:

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**(please check all that apply)**

	<b>Yes</b>	<b>No</b>
Wear glasses		
Low Vision		
Legally blind		
Color blind		
Night blindness		
Totally blind		
Uses a guide dog		
Prosthetic eye		
Uses a cane		
Uses sighted guide		
Wear glasses in the water		
Uses sunglasses		
Sun sensitive		
Shirt when swimming		
Right eye dominance		
Left eye dominance		

What is the cause for the camper's vision loss?

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How does the camper handle the fact that they have a visual disability?

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**Other Health Concerns (Please check all that apply)**

	<b>Yes</b>	<b>No</b>
ADD/ADHD		
Allergy that requires EpiPen		
Asthma		
Autistic- like behaviors		
Behavior Disorders		
Cerebral Palsy		
Chronic Communicable Disease (Please Specify)		
Cognitive Disability (Please Specify)		
Deaf or Hard of Hearing		
Depression		
Diabetes		
Emotionally Disturbed		
Heart Condition		
Mental Health Condition (Please Specify)		
Seizure		
Other (Please Specify)		

Please provide additional information on any condition indicated above:

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### ◀◀◀ **CAMP RULES** ▶▶▶

1. Radios, CD/MP3 players, tape players, electronic games, cell phones, beepers and palm pilots or any other portable electronic devices are not permitted. If they are seen, they will be taken by the counselor and given back at the end of the week.  
Adults are allowed to bring at most two electronics  
(Cell phones count as one)
2. Food or gum is not permitted.
3. Closed-in shoes must be worn always, except when going to the pool.
4. Visitors are not permitted.
5. No cussing, bullying, or belittling of oneself or another
6. You have to be willing to push yourself
7. We don't allow the phrase "I can't" here at camp

### ◀◀◀ **Horseback riding requirements** ▶▶▶

1. Participants should wear **long pants**, not shorts, for the riding activity.
2. **Participants must wear proper footwear.** (shoes should have closed toes; a heel is necessary to keep the riders foot from sliding through the stirrup)

### ◀◀◀ **Bus Rules** ▶▶▶

1. Follow procedures issued by the Bus Company
2. Campers are to follow all rules given by the driver and staff members
3. Seatbelts are not available on school buses. Children and staff are to remain seated while bus is moving.
4. If more than one bus is used, they will travel together and stay together.
5. A designated staff member will carry the camp cell-phone at all times. Radios will be used for contact between buses.

### ◀◀◀ Password ▶▶▶

This word should be made known to the transporter of the camper who is a minor, by parent or legal guardian, and presented to **GLC personnel** prior to leaving a camp session. The person trying to pick up the camper will NOT be allowed to pick up the camper without this password. This is a safety precaution so that we make sure that every camper ends up in the right hands.

Password: \_\_\_\_\_ (if under the age of 18)

### ◀◀◀ For Your Information ▶▶▶

Due to our many exciting camp activities, **your camper will not have time to be on a cell phone**. The camp director will contact parents if there is a need; this includes but is not limited to, any illness that causes a fever for more than 6 hours, anytime a camper vomits, any accident that injures the camper and anytime the director feels it is in the best interest of the camper to inform the parent.

Camp is meant to be a special environment. If the camper brings everything that they are used to from home, they are less likely to engage fully which in turn lessens the likelihood for growth. Adults will be asked to leave their phone back in the cabin during the day. If the phone becomes an issue even for an adult, we will ask for the phone or the camper will not be allowed to continue at the camp. We are very serious about each camper reaching their full potential.

**\*\*\*Please be sure to bring towels and linens/or sleeping bag\*\*\***

Please sign and date acknowledging that you understand and agree to abide by these rules. (parent/guardian must sign for camper under the age of 18 or if a caretaker for camper)

Parent/Caretaker \_\_\_\_\_ Date \_\_\_\_\_

Camper \_\_\_\_\_ Date \_\_\_\_\_

**Georgia Lions Camp, Inc.  
Waiver and Consent Form**

**Camper Name:** \_\_\_\_\_

**Consent to Camper Activities/Transportation:**

I hereby grant permission for said Camper named above to participate fully in the Georgia Lions, Inc. summer camp program. I understand that the program will include not only daily activities conducted on the campgrounds but also certain field trips and other off-site activities, which will require transportation to and from off-site locations. I hereby grant permission for said camper to participate in any and all such activities, which are deemed appropriate and supervised by Camp personnel.

Print Name: \_\_\_\_\_ Age of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Address: \_\_\_\_\_

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**Consent to Medical Treatment:**

I fully understand that, even after reasonable precautions have been taken, Georgia Lions, Inc. activities may have certain hazards in which there is the risk of injury. I hereby grant permission to the physician selected by the Camp Director to hospitalize and/or to obtain appropriate medical care for said person in the event of a medical emergency or other circumstances likely to have an adverse effect upon health. This medical care shall include, but not limited to, examination, treatments, immunization, injections, anesthesia, surgery and other procedures etc.

This permission is conditional upon the understanding that in the event of serious illness, accident, or in the event of a need for hospital services and/or major surgery, said person will use all reasonable efforts to contact the undersigned. Failure in such efforts, however, shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of the said.

I fully agree to pay for all such services, which are not covered by or are above the coverage limits of the Camp's insurance.

Print Name: \_\_\_\_\_ Age of Participant \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Address: \_\_\_\_\_

## **Consent to the taking and using of photographs:**

Permission is also granted for said Camper to be photographed, with such pictures to be used in public relations and fundraising efforts to promote programs of the Georgia Lions, Inc. and Lions Clubs International.

Signed this \_\_\_\_\_ (day) of \_\_\_\_\_, (month), 20\_\_\_\_\_

Print Name \_\_\_\_\_ Age of Participant \_\_\_\_\_

## **Indemnification Agreement:**

For and in consideration of said covenants, the Camper and the undersigned hereby release, acquit, and covenant to hold harmless the Georgia Lions Camp, Inc. and its respective employees, designated Camp Physician and all other persons, firms and corporations from all other claims, damages, and causes of action of whatever nature which may accrue to said camper of the undersigned, their heirs, executors, administrators, and legal representatives and assigns, arising out of the above procedures, or campers participation in the Georgia Lions, Inc. programs.

Name of Participant \_\_\_\_\_

Print Address \_\_\_\_\_

**Parent/Legal Guardian/ or Camper** \_\_\_\_\_ Date: \_\_\_\_\_

**Witness** \_\_\_\_\_ Date: \_\_\_\_\_

Two signatures are required. 1- One Parent/Guardian or Camper.

2- Then a **witness** signature. (anyone over the age of 18 years)

**ALL RELEASES' MUST BE SIGNED AND RETURNED WITH APPLICATION****Waiver and Assumption of Risk Form  
for Equine Participant**

The undersigned, \_\_\_\_\_ Camper/Participant and the \_\_\_\_\_  
 \_\_\_\_\_ (Parent/Legal Guardian) voluntarily makes and grants this Waiver and Assumption of Risk in favor of the Georgia Lions Camp, Inc. (Owner of riding facilities) and Hillary Cooler, Hooves to Freedom (Owner of horses and riding equipment) as partial consideration for the Participant's opportunity to use and enjoy the facilities, equipment, materials, horses, and/or other assets of the Owners; and/or to receive assistance, training, guidance, tutelage, and/or instruction from the Owners or personnel of Owners; and/or to engage in the activities, events, sports, festivities, and/or gatherings sponsored by Owners; We do hereby waive and release in and all claims whether in contract or of personal injury, bodily injury, property damage, damages, pain and suffering, losses and/or death that may arise from the aforementioned use of receipt, as we understand and recognize that there are certain risks, dangers, and perils connected with such use and/or receipt, which we fully understand, and which we nevertheless accept, assume and undertake after inquiry and investigation of extent, duration, and completeness wholly satisfactory and acceptable to me.

Participant agrees to use his or her best judgment in undertaking these activities, use and/or receipt and to and to faithfully adhere to all safety instructions, and recommendations, whether oral or written. As Parent/Legal Guardian, I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. This Waiver and Assumption of Risk is effective from \_\_\_\_\_ to \_\_\_\_\_ (dates attending), inclusive and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of Owners.

We have read and fully understand the posted warnings, which read as follows:

**Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 Title 4 of Official Code of Georgia Code annotated.**

Print Name \_\_\_\_\_ Age of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Print Address \_\_\_\_\_

## Waiver and Assumption of Risk Form for Adventure Recreation & Tower Participant

The undersigned, \_\_\_\_\_ Camper/Participant), and the \_\_\_\_\_ (Parent/Legal Guardian) voluntarily makes and grant this Waiver and Assumption of Risk in favor of the Georgia Lions Camp, Inc. as partial consideration for the participant's opportunity to use and enjoy the facilities, equipment, materials, and/or other assets of the Camp; and/or to receive assistance, training, guidance, tutelage, and/or instruction from the personnel of the Camp; and/or to engage in the activities, events, sports, festivities, and/or gatherings sponsored by Owners; We do hereby waive and release in and all claims whether in contract or of personal injury, bodily injury, property damage, damages, pain and suffering, losses and/or death that may arise from the aforementioned use of receipt, as we understand and recognize that there are certain risks, dangers, and perils connected with such use and/or receipt, which we fully understand, and which we nevertheless accept, assume and undertake after inquiry and investigation of extent, duration, and completeness wholly satisfactory and acceptable to me.

Participant agrees to use his or her best judgment in undertaking these activities, use and/or receipt and to and to faithfully adhere to all safety instructions, and recommendations, whether oral or written. As Parent/Legal Guardian, I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. This Waiver and Assumption of Risk is effective from \_\_\_\_\_ to \_\_\_\_\_ (dates attending), inclusive and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of Owners.

The Climbing Tower is part of our Adventure Recreation program for our campers. This program develops self-confidence, builds trust and enhances personal growth. Team building will also be used to better ones self as well as the group.

This is one of the most powerful tools available, utilizing elements of controlled risk, recreation and education to teach life truths.

I, \_\_\_\_\_ (CAMPER'S NAME)

- 1- **Have the physical ability and condition to participate in the ropes course.** Yes ( ) No ( )
- 2- **Have the skills to participate.** Yes ( ) No ( )
- 3- **Understand the nature of the ropes course.** Yes ( ) No ( )
- 4- **Am a voluntary participant.** Yes ( ) No ( )

I further understand that if I do not follow regulations, I could be injured. I accept primary assumption of risk. We have read and fully understand the posted warnings, which read as follows:

**Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 Title 4 of Official Code of Georgia Code annotated.**

Print Name \_\_\_\_\_ Age of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Signature of Parent/Legal Guardian/Camper \_\_\_\_\_