

Dear Campers, Parents & Teachers:



The administration of the Georgia Lions Camp is very excited to invite you to join us for our 2017 summer program! This year we are featuring many activities, new and familiar friends, and new experiences to share. We are looking **forward to seeing you there! Please complete the enclosed paperwork and 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 **physical**. The Health page that is attached to the cover sheet that says "**Physical,**" **must be filled out by a licensed medical personnel.**

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

## **2017 Summer Schedule**

## **FEES**

## **OUT OF STATE**

Session 1	June 4-9	TBA	optional	\$800.00 per person	\$1,000.00 per person
Session 2	June 11-16	Pre-teen Camp	6-12	\$800.00 per person	\$1,000.00 per person
Session 3	June 18-23	Older Adults	35 and up	\$800.00 per person	\$1,000.00 per person
Session 4	June 25-30	Young Adults	26-34	\$800.00 per person	\$1,000.00 per person
Session 5	July 2-07	College Age Adults	18-25	\$800.00 per person	\$1,000.00 per person
Session 6	July 10-16	Teenagers	13-17	\$800.00 per person	\$1,000.00 per person

***"Financial assistance, full scholarships, and partial scholarships are available to qualified campers based upon financial need and/or hardship. If you need financial assistance, please request a financial aid application from the Camp Director."***

***Fees are non-refundable.***

*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)*

***\*Anyone under 8 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** 4:00 – 5:00 pm

Campers will be **picked up** at Georgia Academy for the Blind, **Macon** 12:00 – 1:15 pm

**\*\*Bus will be leaving promptly at 1:15 pm, please have your camper on time\*\***

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

Campers will **Return** to Georgia Academy for the Blind, **Macon** 12:30 - 1:30 pm

## 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 will be sufficient. The amount brought to Camp will be entered into a spending log and returned to the camper at the end of the camping session.

## Deadline

The deadline for the receipt of **all completed documentation and fees** for camper registration is **April 28th, 2017**. 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 28th 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 ya'll soon.

Mike Williams,

**Acting Director, Georgia Lions Camp**

Please return this application **by April 28<sup>th</sup> 2017**.

*Important.* If you Fax or email, please be sure to send entire packet.

*Important.* Please answer all the following question as completely as you can;

## Incomplete forms will be returned.

**PLEASE PRINT NEATLY.**

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: \_\_\_\_\_

## 2017 SUMMER SCHEDULE (Please circle session attending)

<i>Session 1</i>	<i>June 04-09</i>	<i>To Be Announced</i>
<i>Session 2</i>	<i>June 11-16</i>	<i>Pre-teen (ages 6-12)</i>
<i>Session 3</i>	<i>June 18-23</i>	<i>Older Adults (ages 35 and up)</i>
<i>Session 4</i>	<i>June 25-30</i>	<i>Young Adults (26-34)</i>
<i>Session 5</i>	<i>July 02-07</i>	<i>College Age Adults (18-25)</i>
<i>Session 6</i>	<i>July 10-16</i>	<i>Teenagers (13-17)</i>

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

(Please circle one for each day upon Arrival & Departure)

**Arrival:**    1- Georgia Lions Camp, Inc.                      Waycross            4:00 - 5:00 pm  
                  2- Georgia Academy for the Blind      Macon                12: 0 am - 1:15 pm

**Departure:**    1- Georgia Lions Camp, Inc.                      Waycross            9:00 a.m. - 10:30 pm  
                     2- Georgia Academy for the Blind      Macon                12:30 am - 1:30 pm

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# 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.*

## 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 get along well with persons his/her age? Yes      No

What are the camper’s interests? Camper t-shirt size:

## Activities

<input type="checkbox"/>	Swims Well
<input type="checkbox"/>	Will not get into water willingly
<input type="checkbox"/>	Cannot swim, but will go into the water
<input type="checkbox"/>	Fears water
<input type="checkbox"/>	Good fine motor skills
<input type="checkbox"/>	Poor fine motor skills

Favorite outdoors activities are:

Favorite indoor activities / games are:

Activities camper does not like are:

\_\_\_\_\_

## **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:

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?

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

How many hours does the camper sleep at night?

Yes

No

Can the camper sleep out in a tent?

If no, why not?

### 1.3 Camper Eligibility:

A Camper must be legally blind or have severe visual loss, should be a resident of Georgia and have independent skills in feeding, dressing, and personal hygiene. A Camper's primary disability must be vision related. A severe loss is defined as 20/70 or less in the best eye, with correction.

However a Camper who needs assistance with independent skills in feeding, dressing, and personal hygiene may attend only with a legal guardian or care giver trained in these areas. They must be of the same gender and will have to pay the same fees as the Camper and follow all camp rules. A health history must be provided and a background criminal check will be required.

### Toileting, Showering, & Dressing

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				

### 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:

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

<input type="checkbox"/>	
<input type="checkbox"/>	Uses appropriate touch
<input type="checkbox"/>	Able to accept responsibility
<input type="checkbox"/>	Physically aggressive
<input type="checkbox"/>	Happy
<input type="checkbox"/>	Eager to learn new things
<input type="checkbox"/>	Unsure of new situations
<input type="checkbox"/>	Self abusive

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

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

What usually triggers challenging behaviors?

What are two or three effective rewards?

Does the camper have an emotional health concern?      Yes      No

If yes, please specify and give details:



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:

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:

**Vision (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		
<b>Right eye dominance</b>		
<b>Left eye dominance</b>		

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

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

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

	Yes	No
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:

## ◀◀◀ **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 at all times, 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:**

### ◀◀◀ 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.

**\*\*\* Camper, Please be sure to bring towels; wash cloths; and linens/or a sleeping bag \*\*\* we have bunk beds.**

**Please sign and date acknowledging that you understand and agree to abide by these rules.**

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Parent

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Date

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Camper

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Date

## Georgia Lions Camp Inc. Waiver and Consent Forms

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

### **Consent to Camper Activities/Transportation:**

I hereby grant permission for said camper named above to participate fully in the Georgia Lions Camp 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 \_\_\_\_\_

\_\_\_\_\_

## **Consent to Medical Treatment:**

I fully understand that, even after reasonable precautions have been taken, Georgia Lions Camp 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 camper in the event of a medical emergency or other circumstances likely to have an adverse effect upon camper's 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.

All Medicines are to be turned in to the Medical Staff on hand. Campers are not allowed to keep any form of medication. All medications will be distributed by the Camp Nurse (RN) only. No exceptions.

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 photographs and County being used**

Permission is also granted for said camper to be photographed, with such pictures to be used in public relations and fund raising efforts to promote programs of the Georgia Lions Camp Inc. and Lions Clubs International. I also give permission for GLC to use my campers first name and county of residence for grants.

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

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

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

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

## **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 Camp Inc. programs.

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

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

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

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

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

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

Two signatures is required. One parent/legal guardian or camper 18 years old or older signature on first line and one witness signature on the second line.

**\* It is imperative that you have someone watch you sign this document on the required line above and then witness that they did in fact watch you sign. We must have two signatures on lines above. If not, we may return form and camper will have an incomplete application. \***

## **Waiver and Assumption of Risk Form for Equine Participant**

The undersigned \_\_\_\_\_ (Camper/Participant) and the \_\_\_\_\_ (Parent/Legal Guardian), voluntarily make and grant 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 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 \_\_\_\_\_ (camp 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 \_\_\_\_\_ Date : \_\_\_\_\_

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

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



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

The undersigned \_\_\_\_\_ (Camper/Participant) and the \_\_\_\_\_ (Parent/Legal Guardian), voluntarily make 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 camp or personnel of the camp; and/or to engage in the activities, events, sports, festivities, and/or gatherings sponsored by the camp; 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 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 \_\_\_\_\_ (camp 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
2. have the skills to participate
3. understand the nature of the ropes course
4. am a voluntary participant

**I further understand that if I do not follow regulations, I could be injured. I accept primary assumption of risk.**

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

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

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

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