

# CHRISTMAS CAMP APPLICATION

## GEORGIA LIONS CAMP, INC

5626 Laura Walker Road, Waycross, GA 31503

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### 2017 CHRISTMAS CAMP DECEMBER 8th-10th

Cost of 2017 Christmas Camp	\$100
Cost <u>with</u> Transportation (Bus)	\$175

Date of Application: \_\_\_\_\_ (Date of Application deadline: **NOVEMBER 17**)

Camper's Name: \_\_\_\_\_

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

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

County of Residence: \_\_\_\_\_

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

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female      First time camper?  YES  NO

(Circle One or underline)

Parent / Guardian / Care Giver:

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

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

The above named person is required for contact during attending session in the event that early pickup is needed.

Is potential camper covered by Family Medical/Hospital Insurance?

YES  NO (Please include copy of insurance card.)

Please check degree of vision loss: Visual Acuity: (please state Snellen)

Uncorrected Left 20/ \_\_\_\_\_ Right 20/ \_\_\_\_\_

Corrected Left 20/ \_\_\_\_\_ Right 20/ \_\_\_\_\_

Does camper wear glasses?  YES  NO

Totally blind or light perception only

Legally blind (20/200) or side vision in one eye only

Vision in one eye only of Snellen chart 20/70 or less

Partially sighted-low vision with correction

Parents/Guardians are responsible for arranging transportation to and from Camp. The Camp provides a chartered bus (\$75 additional fee) that will depart and return to Macon Georgia at the GA Academy for the Blind on the first and last day of session.

Please see attached Healthcare Form 1 & a Physical Form II. (Physical Form II is to be signed by a physician, if your camper does not have a current 2017 on file.) If, you are a new camper, please contact office for other mandatory forms to be filled out.

Please check appropriate mode of transportation:

**Arrival**

Arriving at Camp

Riding Macon Bus to Camp

**Departure**

Departing from Camp

Riding Macon Bus from Camp

**Please read and sign Application.**

The Georgia Lions Camp Inc. is not staffed to care for campers with severe mental and/or physical problems that require trained staff.

Each camper must be able to take care of their own personal hygiene.

If a camper has any of the listed above issues and would still like to attend camp, a trained licensed professional/parent or guardian may accompany the camper. They **MUST** provide documentation and a criminal background check. The same camping fee will be required as a camper and must be of the same gender as camper, due to sleeping arrangements and personal care.

Please list problems of any camper that may be attending, (medical, behavioral or otherwise) of which we should be aware.



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*(All campers under 18 years old MUST have parental/guardian signature).*

***Each camper regardless of age must be able to take care of their own personal hygiene.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am the:  Parent  Legal Guardian  Adult Camper  
 Care Giver

If camper under the age of 18, please give a password:  
\_\_\_\_\_

**T-SHIRT SIZE:  S  M  L  XL  OTHER \_\_\_\_\_**  
**(SPECIFY SIZE) PLEASE MAIL WITH REGISTRATION FEE.**

Cost: Including T-shirt \$100  
Cost with Transportation/T-shirt \$175