

# 2017 Lions Winter Camp for the Blind February 3-5

An adult camp for the visually impaired sponsored by  
Michigan District 11 B-1 Lions Clubs.

## IMPORTANT:

Winter Camp is limited to **80 spaces**.

All applications are processed on a first come first served basis.

January 11, 2017 is the last day you can register for camp.

**PART I** - Registration. Provide responses to all areas on the registration form that apply to you.

**IMPORTANT:** (1) We cannot accommodate wheel chairs because of uneven terrain around the lodge and dorms. (2) If necessary, we reserve the right to reject an applicant's registration. (3) If you register and then cannot attend, you must notify the Winter Camp point of contact whose name appears on page 3 of the registration form. (4) If you are sick at time of camp, do not come. (5) All registrants who cannot attend camp will be reimbursed. (6) You are allowed to bring up to **TWO BAGS** of personal belongings to camp unless you are bringing items to sell. (7) Your bags **MUST BE MARKED** with the identification tags provided with the registration form. (8) Dogs must have a 'gentle leader' available and you must bring your own dog bedding. (9) Bring adequate change (coins) for drinks, etc. (10) Understand and sign the disclaimer statement at bottom of page four. (11) Contact Lion Roger Bosse, 269-964-8695 if you have questions.

Name: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you require the use of a wheel chair? Yes \_\_\_\_ No \_\_\_\_ If yes, please do not apply. We cannot accommodate wheelchairs for safety reasons.

Can you read Braille? Yes \_\_\_\_ No \_\_\_\_.

## IMPORTANT: What is your level of visual function?

Check the most accurate block. Normal vision: \_\_\_\_ Moderate visual impairment: \_\_\_\_ Severe visual impairment: \_\_\_\_ Blindness: \_\_\_\_

# 2017 Winter Camp for the Blind - Individual Registration Form

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

## **TRAVEL ARRANGEMENTS:**

If you will arrive and depart by **PRIVATE VEHICLE**, check here \_\_\_\_.

If you are arriving via commercial transportation, provide information below. Indicate times of arrival and departure. Be sure to check current bus or train schedules.

Bus \_\_\_\_ Arrive at: \_\_\_\_\_ Depart at: \_\_\_\_\_

Train \_\_\_\_ Arrive at: \_\_\_\_\_ Depart at: \_\_\_\_\_

## **PAYMENT INFORMATION:**

All funds must be received in advance of camp. **You cannot pay at camp.**

**The fee for each camper attending Winter Camp 2017 is \$45.00.**

Note: We can only accept checks or money orders by mail. If you are deficient of funds, consider trying to contact a local Lions Club or other organization to help pay for or defray some your costs.

If you bring a sighted companion/caregiver to camp, they must pay the \$45.00 camp fee. They must also be registered and must submit a completed registration form. Call to obtain the form.

Please note that each sighted companion/caregiver attending camp reduces the number of available spaces for blind campers who might like to attend but cannot because of space limitations.

Indicate the dollar amount enclosed with this application. \$\_\_\_\_\_.

If the amount covers multiple campers, or a companion/caregiver, include the names below and attach their completed camp registration forms to this application. Make payments to - Treasurer, Michigan District 11 B-1 Lions. Mail payment and application to Winter Camp for the Blind, % 20349 White Pine Blvd, Battle Creek, MI 49017. A return address label is enclosed for your use. **Point of Contact:** Roger Bosse: 269 964-8695 **After 1/28/17:** please contact Roger Spriggs: 269 282-0292

Additional camper's names included with this payment:

\_\_\_\_\_/ \_\_\_\_\_  
\_\_\_\_\_.

# 2017 Winter Camp for the Blind - Individual Registration Form

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

## **SLEEPING ACCOMODATIONS:**

The male and female dorms have upper and lower bunk beds. The first 40 men and women requiring lower bunks will be accepted. Any additional individuals requiring a lower bunk will be placed on a waiting list. Sighted companions will be placed on top bunks.

Do you require a lower bunk? Yes \_\_\_ No \_\_\_

*Several bunks are located in an upstairs area.*

Can you walk up and down stairs? Yes \_\_\_ No \_\_\_

Are you bringing a Leader Dog? Yes \_\_\_ No \_\_\_

**If yes, you must bring your own bedding.**

List any special bunk partner requests you desire below. We reserve the right to assign bunks when special bunk partners are requested. Assignments will be honored as much as possible, but, they are not guaranteed.

List special requests here: \_\_\_\_\_,  
\_\_\_\_\_.

## **PROVIDE ADDITIONAL INFORMATION HERE IF REQUIRED.**

If bringing a Companion/Caregiver, include that information here. Include their name, address and phone number and emergency information.

Individuals must pay camp fee and provide medical and emergency information.

\_\_\_\_\_  
\_\_\_\_\_.

If known, list the name of your local Lions Club. Please include the name of a club member and his/her phone number:

\_\_\_\_\_.

If you did not personally prepare this form, please provide the name of the preparer and a contact phone number below in case we need to ask a question regarding information on the registration form.

Name \_\_\_\_\_ Phone \_\_\_\_\_

# 2017 Winter Camp for the Blind - Individual Registration Form

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

If you mail multiple camper registrations in a single packet, make sure all applicable fees are included.

If you need more space for any part of this application, attach your information on a separate page.

## **FUNDS DISCLAIMER/PRIVACY POLICY**

Winter Camp for the Blind is operated by the Lions Clubs of Michigan District 11B-1 solely for the enjoyment of the attending visually impaired campers. All collected fees/funds are used solely for the operation of the camp. All work performed in support of the camp, except for camp employees, selected individuals such as medical support, entertainers, arts, crafts and games specialists, and some outdoor activities specialists, is provided on a voluntary basis by Lions' Clubs members from across the state or by other volunteers.

No individual (personal) information gathered on this application or on other documents developed for or used in the administration of the camp will be used or shared with any other individuals or organizations except in cases of emergency. No solicitation by outside interests will result from applicants providing personal information. Upon completion of the camp, all applications will be destroyed. Databases containing the names and addresses of current year camp attendees will be maintained in a secure location for use in developing future mailing lists for future camps.

Acknowledgement of Funds Disclaimer statement – Please sign.

\_\_\_\_\_ Date: \_\_\_\_\_.

# **PART II – Medical, Dietary and Emergency Information - 2017 Winter Camp for the Blind - Individual Registration Form**

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

This information is essential to your attending camp and maintaining your health and well-being. It will not be used for any other purpose. Please bring your personal identification as well as medical insurance cards in the event emergency medical care is needed outside of camp. If you need additional space for any question on this page, attach your information on extra pages to this application.

Are you bringing medications? Yes \_\_\_\_ No \_\_\_\_ If yes, list them below.

<u>Medication Name</u>	<u>Dosage</u>	<u>Times taken each day</u>
_____	+	_____
_____	+	_____
_____	+	_____

Do you require assistance in taking your meds? Yes \_\_\_\_ No \_\_\_\_.

Are you diabetic? Yes \_\_\_\_ No \_\_\_\_ Are you subject to seizures? Yes \_\_\_\_ No \_\_\_\_

Do you need a special diet? Yes \_\_\_\_ No \_\_\_\_ If yes, indicate limitations or requirements here: \_\_\_\_\_

Do you have any food allergies? Yes \_\_\_\_ No \_\_\_\_ If yes, list here: \_\_\_\_\_

In you have to be hospitalized during your visit to Winter Camp, the following information will facilitate your care. Please provide your Physicians Name, address, and phone number:  
\_\_\_\_\_

### **EMERGENCY INFORMATION:**

In case of an emergency who should be contacted?

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

**Provide a second emergency contact name if available.**

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

**Phone:** \_\_\_\_\_