



Lions Bear Lake Camp Hearing Impaired Camper Application CAMPER ELIGIBILITY GUIDELINES

IMPORTANT: Applicants must be able to answer "YES" to all of the following questions in order to attend Camp. You are welcome to submit an application with a "NO" answer, but please be aware that this questionnaire has been provided in order to save you time incurred by the application process. Call or write the office for clarification of any guidelines.

YES NO

1. My child's primary disability is hearing impairment, which qualifies him or her for camp.

Children ineligible to attend are those with developmental delay, contagious or infectious diseases, bedfast, a disability which might cause the child to be harmed by the activity of the camp, or a disability which does not allow the child to participate in the camp's therapeutic recreation program.

2. My child will be at least 6 years old but not over the age of 15 at the beginning of the session for which they are applying to attend.

3. My child uses listening and spoken language as their primary mode of communication

4. My child uses personal amplification (hearing aids and/or a cochlear implant) during all waking hours.

5. My child has a documented bilateral hearing loss that falls in the moderate range or greater in the better ear.

GENERAL INFORMATION

DATES: Hearing Impaired Session- July 11-17, 2010.

ACTIVITIES: Swimming, boating, archery, drama, fishing, nature, team building, challenge course, games, overnight tent camping, hiking and more!!

STAFF: Counselors and Program staff are recruited, screened, interviewed and trained to work at camp. They are professionals, high school and college students. Recruitment focuses on acquiring students interested in relevant areas of studies in working with youth and disabilities.

FACILITIES: All of the buildings at camp are modern, without barriers. The cabins have inside bathrooms; the Health Center and Dining Hall are air-conditioned.

INSURANCE: Parents with their own family health insurance are responsible for all medical bills incurred by the camper. The camp has a group health and accident insurance policy to cover campers without family policies, or to cover additional costs not covered by family insurance policies.

COSTS: There is a \$125.00 registration fee that needs to be submitted with the application. Lions, Lioness and Leo clubs throughout Michigan and other interested individuals and organizations provide donations to pay the balance of costs of the camping session. Upon cancellation, registration fee is refundable if a written notice of cancellation is submitted (mail, email) two weeks prior to the session start date.

HEALTH CARE: The camp staffs a Registered Nurse whom is responsible for all the health care at camp. She/He dispenses medications according to the prescriptions and provides first aid. A doctor approves the health care program at camp and is available for consultation.

APPLICATION DEADLINE: We ask that applications be received by June 14, 2010. We will continue to accept applications after this date as long as there is availability. Please send application and attachments to: Lions Bear Lake Camp, 3409 N. Five Lakes Road, Lapeer, MI 48446

CAMPER INFORMATION

(Please print) First Middle Last Name of child:	For Office Use Session Dates: _____ Cabin: _____
Address: Street City State Zip	
Age: Date of Birth: Sex: Home Phone: ()	
(Please print) First Middle Last Name(s) of (1)	
Parents: (2)	
I am interested in receiving registration information via email. My email address is: _____	
T-Shirt Size: Adult <input type="checkbox"/> Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> <input type="checkbox"/> _____ <small>Place X in one of two above Place X in proper size category</small>	
Audiological Information: Age at identification: _____ Age when first amplified: _____ Additional information: _____ _____ _____	
Amplification Devices: <input type="checkbox"/> Hearing Aid(s): Type (Brand) _____ Recommended Volume Settings (R) _____ (L) _____ Serial #: (R) _____ (L) _____ <input type="checkbox"/> Cochlear Implant: _____ Body Worn _____ Ear Level Type: (Brand) _____ Serial # _____ Special Settings: (optional) _____	
Level of independence: (please circle Y=yes or N=no) Y N My child can replace batteries independently. Y N My child can put HA/CI on independently. Y N My child can charge CI equipment independently. Y N My child will notify an adult when equipment is not working. Y N My child can operate the controls of their device independently	

Camp Information:

Has the applicant ever spent a week away from parents before? Yes No

Comments: _____

Has the applicant ever attended Lions Bear Lake Camp? _____ if so, how many years? _____

Has the applicant ever attended any other camp? _____ if so, where? _____

Please list any rooming requests: _____

Educational Information:

School _____

Please describe your child's educational program:

Thank you for spending the time to complete the camper information section, this information will be very helpful in the selection process and the child's experience while at camp.

Additional Information:

If you have additional information that will assist us in the care of your child, please describe below:

PARENT (LEGAL GUARDIAN) AGREEMENT

CONSENT TO ATTEND AND PARTICIPATE

I hereby give consent for my child (ward) to attend and participate in all programs and activities of the Lions Visually Impaired Youth Camp Inc. (hereafter also identified as Bear Lake Camp). I understand that my child (ward) will participate in an outdoor recreation program which may encompass activities including, but not limited to ropes course, horsemanship, archery, hiking, camp out and water sports, and that one or more of these or other activities may involve travel off of the Bear Lake Camp site. I understand and acknowledge that while the agents, servants, employees, and/or volunteers may have received training on safety techniques, there are nevertheless risks associated with, and inherent in, my child's participation in the camp's outdoor recreation program and other camp programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend camp and participate in all Bear Lake Camp programs and activities.

I further consent to the Bear Lake Camp taking pictures, audiotapes and/or video tapes of my child (ward) participating in Bear Lake Camp activities and programs and the Bear Lakes Camp use of same in camp publications or publicity that is in the proper interest of the Lions Visually Impaired Youth Camp Inc.

PERSONAL PROPERTY

I understand the Bear Lake Camp in no way covenants the condition of any personal article or item of property upon the conclusion of any camp session and that unnecessary valuables are not to be brought to camp.

Signature of Parent or Guardian _____ Date _____

Important Please Read

Please include with this application the following:

- *If a first time camper, please attach an audiogram completed within the last 6 months. Returning campers may be requested to provide one after reviewing application.*
- *Camper Health History Form 1.*
- *\$125.00 Registration Fee.*