



Lions Visually Impaired Youth Camp, Inc  
**Lions Bear Lake Camp**  
**Leadership Development Application**

(Please print) <i>First</i> <i>Middle</i> <i>Last</i> <b>Name of child:</b>				<b>For Office Use</b> Session Dates: _____ Cabin _____ Payment _____
<b>Address:</b> <i>Street</i> <i>City</i> <i>State</i> <i>Zip</i>				
<b>Age:</b> <b>Date of Birth:</b> <b>Sex:</b> <b>Home Phone: (    )</b>				
(Please print) <i>First</i> <i>Middle</i> <i>Last</i> <b>Name(s) of</b> (1)				
<b>Parents:</b> (2)				
Place an X in the session(s) you would like to attend: <input type="checkbox"/> Hearing Impaired (7/5-11) <input type="checkbox"/> Visually Impaired (7/12-25) <input type="checkbox"/> Juvenile Arthritis (Camp Dakota 7/26-31)				
<i>I am interested in receiving registration information via email. My email address is:</i> _____				
<b>T-Shirt Size:</b> <b>Adult</b> <input type="checkbox"/> <b>Youth</b> <input type="checkbox"/> <b>S</b> <input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>L</b> <input type="checkbox"/> <b>XL</b> <input type="checkbox"/> <b>XXL</b> <input type="checkbox"/> <input type="checkbox"/> _____ <i>Place X in one of two above</i> <i>Place X in proper size category</i>				
<b>Camp Experience:</b>				
Name of Camp	Location	Years as Camper		
<b>Certifications:</b> Swimming _____ First Aid/CPR _____ Other _____				
<b>Education:</b> School Attending _____ _____				

**References:**

*Please give names and addresses of two persons, not relatives. State when and under what circumstances they have known you.*

1)

Name	Street Address	City	State	Zip
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Capacity in which person has known you:

2)

Name	Street Address	City	State	Zip
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Capacity in which person has known you:

Permission to check references and verify information

Signature of Applicant

Date

Please write a brief statement on why you wish to participate in Leadership Development and what you feel you can contribute to the program. Attach additional sheets if necessary:

### **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:*

- ***Camper Health History Form 1.***
- ***Registration Fee if applicable.***