Texas Lions Camp

Children Can . . . with TLC

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http://www.lionscamp.com ♦ E-MAIL: tlc@lionscamp.com

Dear Parents and Guardians:

Another summer is quickly approaching, and that means it is time to apply for a week of fun at Texas Lions Camp! We have been preparing for the upcoming summer. For your convenience apply online at www.lionscamp.com. Our original paper application is available as well and instructions are listed below. As always, this experience is offered completely without charge to qualifying children from the State of Texas.

Special Instructions

While the application might appear long, all of the information requested is necessary for the care of your child. It has been formatted in such a way that it is easily completed. Please use ***black ink*** and provide all of the information requested.

Online applications will be accepted beginning **January 3, 2017,** and paper applications will be accepted beginning **February 3, 2017,** and will be processed according to the order in which they are received. (Concerned about time? On-line applications are submitted instantly, with no mail delay.) Please submit your application no later than one month prior to the session for which you are applying. We will continue to accept applications after the due date until the session is full. The camper must have the physical portion of the application dated after **January 2** of the year in which they are attending camp. Faxed applications are acceptable for beginning the application process; however, ***you must mail the original application so that your child's final assignment is not delayed.***

Prior to sending your application, please check to make sure that the **Lion's signature, parent's signature and physician's signature** have been provided and are legible. Without these necessary signatures, we cannot process your child's application. A committee will review the application and notify you and your sponsoring Lion of the status of your child's application.

Summer Camp Schedule 2017
Regular Sessions
Session 1: June 4th – 10th: Children with Physical Disabilities
Session 2: June 11th – 17th: Children with Physical Disabilities
Session 3: June 18th – 24th: Children with Physical Disabilities
Session 4: June 25th – July 1st: Children with Physical Disabilities
Session 5: July 2nd – July 8th: Children with Physical Disabilities

If you have any questions or need additional information, please do not hesitate to contact the Lions Camp office.

Sincerely yours,

Stephen S. Mabry, CFRE, CAE
Chief Executive Officer

SSM/bc

(Over please)

Serving Children Since 1949

James H. Browning, President; William "Bill" E. Roe, Immediate Past President; Rick Stoorza, First Vice President; John A. Eads, Second Vice President; Gary B. Linker, Third Vice-President; Kent Basinger, Treasurer; Wes Carr, Secretary; John Lyon, Council of Governors' Representative; Scott Perry, Elected Directors' Representative
Stephen S. Mabry, CFRE, CAE, Chief Executive Officer

Texas Lions Camp

P.O. Box 290247, Kerrville, Texas 78029-0247
(830) 896-8500 Office ◆ (830) 896-3666 Fax
tlc@lionscamp.com ◆ www.lionscamp.com

Camper Information

Campers are accepted once the full and complete application has been reviewed.

Please make sure the entire application is complete before mailing it. Incomplete applications will delay the assignment process and may jeopardize your camper's chances of being assigned to a camping session. New campers have priority over former campers for assignment.

★Application Checklist★

Please complete the entire application, paying special attention to the following:

❑ Lion *signature* on page 2 of application.

❑ Session preference marked on page 1 of application.

❑ If any assistance is needed (indicated on page 3 of application), please send written, detailed instructions.

❑ Parent *signature* on page 8 of application.

❑ All camper info and insurance info completed on page 5 of application, regardless of insurance coverage.

❑ Provide immunization *dates* on page 6 of application.

❑ Physician *signature* on page 6 of application.

❑ Parent and camper *signature* on Camper Code of Conduct on page 7 of application.

❑ ***Original application must be on file before a camping assignment can be made.***

Texas Lions Camp
Camper Application- Children with Physical Disabilities

Camper Eligibility Guidelines

Yes No Camper's Name:_____

☐ ☐ 1. My child has a primary *physical* disability which qualifies him or her for camp.
My child's primary physical disability is:_____.

Examples include, but are not limited to, the following:

Amputee	Cerebral Palsy	Legg-Calves-Perthes	Polio
Asthma	Charcot-Marie-Tooth	Lupus	Rickets
Atonic Diplegia	Deaf/Hearing Impaired	Muscular Dystrophy	Scoliosis
Burns	Epilepsy	Phocomelia	Sickle Cell
Blind/Vision Impaired	Heart Conditions	Partial Paralysis	Stroke
Cancer/Tumor	Juvenile Rheumatoid Arthritis	Spinal Cord Injury	

Read Carefully

*__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 camp, or a disability which does not allow the child to participate in the camp's therapeutic recreation program. Examples include, but are not limited to the following:

Attention Deficit Disorder	Down syndrome*	Intellectual disability (IQ less than 70)
Attention Deficit Hyperactivity Disorder	Emotionally Disturbed	Osteogenesis Imperfecta (brittle bone)
Autism	Hemophilia	Any Contagious/Infectious Disease

*(Children with Down syndrome should apply to attend the Lions Camp session for Down syndrome).

☐ ☐ 2. My child has an I.Q. of 70 or above. A child with a primary *physical* disability must have an I.Q. of 70 or above to qualify. If an I.Q. score is not available, the child's teacher or doctor can provide written evidence.

☐ ☐ 3. My child will be at least 7 years old, but not over the age of 16 at the beginning of the session for which he or she is applying to attend.

☐ ☐ 4. My child will be able to participate in and enjoy a therapeutic recreation program for children with physical disabilities.

☐ ☐ 5. *If my child's qualifying physical disability is visual impairment*, he or she has a **corrected** visual acuity of 20/70 or less (20/80, 20/90, etc.) ☐ Does not apply

☐ ☐ 6. *If my child's qualifying physical disability is hearing impairment*, he or she has a hearing loss of 60 db or greater.
☐ Does not apply.

☐ ☐ 7. My child is mobile and will be able to travel from point A to point B in order to participate in activities. Appliances that assist children in ambulation (i.e. wheelchairs, walkers, crutches, etc.) must accompany children to camp.

☐ ☐ 8. My child has bowel and kidney function and control. If there are internal or external devices, my child is able to take care of these needs. **For those requiring catheterization, campers must be able to catheterize themselves**.

☐ ☐ 9. My child will be able to assist the summer staff with basic self-help skills such as **feeding and dressing**.

☐ ☐ 10. My child is likely to be successful in a group environment.

Preference for Camp Assignment

The camp will try and assign the applicant to the session of first choice. If the session is full, the second choice will be used. Mark "1" by session of first choice and "2" by the session of second choice. Please refer to the application cover letter for session dates.

☐ Session 1 ☐ Session 2 ☐ Session 3 ☐ Session 4 ☐ Session 5

Camper Information

Please print name of child: Last Name: First Name: Middle Name:

Mailing Address: City: State: Zip:

Age: Date of Birth: Gender:

Parent/Legal Guardian Information

*****Please include a current email address as this will assist with setting up your child's online account*****

Mother/Legal Guardian: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father/Legal Guardian: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Employer Work Phone:

Camper History

Has the Camper ever attended Texas Lions Camp? _____ If yes, list years: _____

Has the Camper ever attended another camp? _____ If yes, where? _____

Is the Camper's mental or social age below average? ☐ Yes ☐ No

Is YES, give I.Q. _____, Functional Age: _____, or substantiating evidence of social abilities (i.e., written documentation from teacher or physician regarding how well child gets along with peers of same age, adults, completes tasks, etc.)

Statement from Lion Sponsor

We, the _____ Lions Club of _____,

Texas, District _____ wish to sponsor this child for Texas Lions Camp.

★ **Signature of Lion Sponsor**: _____.

Please Print name of Lion: Lion's Last Name: Lions First Name:

Lions Mailing Address: City: State: Zip:

Lions Home Phone: Lions Work/Cell Phone: Lions Fax: Lions Email:

Camper Care Information

If any assistance is needed, please attach written, detailed instructions.

Meals: **Camper's Name:** _____

☐ No assistance needed ☐ Foods need to be cut/chopped ☐ Total assistance needed
☐ Some assistance needed ☐ Needs straw for liquids

** If **ANY** assistance is needed, please attach written, detailed instructions.*

Bathing:
☐ No assistance needed ☐ Some assistance needed ☐ Total assistance needed
☐ Needs help washing hair only

** If **ANY** assistance is needed, please attach written, detailed instructions.*

Dressing:
☐ No assistance needed ☐ Some assistance needed ☐ Total assistance needed
☐ Needs help with buttons/zippers ☐ Needs help with socks/shoes

** If **ANY** assistance is needed, please attach written, detailed instructions.*

Mobility: (check all that apply)
☐ No assistance needed ☐ Requires assistance ☐ Walks with assistance
☐ Uses walker ☐ Uses braces ☐ Uses crutches
☐ Uses electric wheelchair ☐ Uses manual wheelchair

List all mobility appliances that will accompany child to Camp (i.e., wheelchair, walker, etc.)

_____

Special instructions:

_____

Toileting:
☐ No assistance needed ☐ Needs help transferring ☐ Needs help cleaning up
☐ Bowel control is limited ☐ No bowel control ☐ Wets bed
☐ Bladder control is limited ☐ No bladder control ☐ Needs bed pads
☐ Wears diapers/Depends during ☐ **Day** ☐ **Night** ☐ **Both** ☐ Catheterizes self every ____ hours

** If **ANY** assistance is needed, please attach written, detailed instructions.*

Is there any additional information you think we should know in order to care for your child?

_____
_____
_____
_____
_____

List all other supplies and appliances related to the child's handicap that will be brought to Camp (i.e., wheelchair, walker, prosthetics, etc.):

_____
_____

Camper Name: _____

Camper Care Information Continued

Please answer all questions and provide as much information as possible so that we can best care for your child while at camp

Please describe the following about your child…..

- Favorite Interests: _____
- Special needs, comfort items, routines: _____
  _____
- Bedtime/sleep habits (light, heavy, sleepwalking, nightmares, etc.):_____
- Recent stressful events we should know about: _____
- What does your child do when he/she is mad, sad, or upset?: _____
  _____
- Anything else:_____

Please tell us about your child… (please include a separate sheet of paper if you require additional space)

What behavior(s), attitudes, etc. are typical/atypical? _____
_____
_____

What type of instruction does your child typically respond to best? _____
_____

Emotional Health (please include a separate sheet of paper if you require additional space)

Does your child have any special fears, emotional, or behavioral problems? If so, please explain: _____
_____
_____

How do you handle behavioral problems? _____
_____
_____
_____

Communication

(Check all that apply)

☐ Speaks clearly ☐ May be difficult to understand ☐ Uses gestures ☐ Writes

☐ Uses Sign Language ☐ Uses communication device ☐ Other: _____

What is the best way to communicate with your child? _____
_____
_____

Emergency Health Information

Please complete this section even if camper is uninsured

Camper Name:	Social Security Number:	Date of Birth:	Age:
Parent/Guardian Name:	Policy Holder Social Security Number:		
Address:	City:	State:	Zip:
Parent Home Phone: ( )	Parent Work Phone: ( )	Parent Cell Phone: ( )	
Emergency Contact (other than Parent):		Relation to Camper:	
Emergency Contact's Home Phone: ( )		Emergency Contact's Cell Phone: ( )	
Health Insurance Company/Medicare: (If uninsured, write "**None**")			
Address:		Phone: ( )	
Policy Number:		Certificate Number:	
Name of Insured:		Company/Business Name:	
Employer Contact:		Phone: ( )	

Instructions for Medication and Treatment

Please complete this section in detail as this information will be utilized during your child's stay at camp.

Medication/Treatment	**Dosage**	**Time** *(indicate a.m. or p.m.)*
Example: Tegretol	*200 mg: 1 tablet*	*9:00 a.m., 9:00 p.m.*

Medically Restricted Diets & Allergy Concerns

Complete this section with MEDICAL concerns only

☐ Celiac Disease ☐ Gluten-Free ☐ No Dairy ☐ No Eggs

☐ No Poultry ☐ No Pork ☐ No Red Meat ☐ No Fish

☐ No Wheat ☐ Vegetarian ☐ Vegan ☐ Diabetic

Please describe any food allergies or restrictions below (attach another sheet of paper if necessary).

_____

_____

_____

Please list all allergies (food, environmental, medical, etc.)

_____

_____

_____

*******Texas Lions Camp does its best to accommodate the dietary needs of campers; however, parents may need to supplement the camper's diet by bringing specialty food items for the camper to enjoy while at camp. *******

Medical Report

To be completed by medical personnel. Please type or print with black ink.

Camper Name: _____

1. Primary Physical Disability (Hearing Impaired, Amputee, Asthma, C.P., etc.): _____
Secondary Disability, if any: _____
In your opinion, is this child's intelligence commensurate with his or her age? _____

2. Previous or Continuing Illness (indicate date of last occurrence if applicable):
Asthma:_____ Diabetes:_____ MMR:_____ Strep Throat:_____
Chicken Pox:_____ Diphtheria:_____ Seizures:_____ Whooping Cough:_____
Chronic Cough:_____ Ear Infection:_____

Has Patient had any serious medical illness or surgery in the past year? Yes No Describe:_____
Allergies to bee/wasp/medications/etc.? List:_____
Treatment given:_____
Existing or chronic problems: ☐Bedwetting ☐Constipation ☐Attention Deficit Disorder
☐Behavioral Problems ☐Attention Deficit/Hyperactive Disorder
Describe extent of problem(s) and suggestions for control: _____

3. Vital Statistics: Blood Pressure: _____ Height: _____ Weight: _____

4. Immunizations (Indicate date of last injection or oral vaccine)
IPV/OPV/Polio: _____ MMR: _____ DTap/DTP/Tetnus*: _____
Allergic to any vaccine? _____ *(must be within the past 10 years)

5. Orthopedic: Is there evidence of pathology? ☐Yes ☐No (if **No**, proceed to **6**)
If **Yes**, explain findings:_____

6. Hearing: Is there evidence of pathology? ☐Yes ☐No (if **No**, proceed to **7**)
If **Yes**, explain findings: _____
Is hearing aid worn? ☐Yes ☐No Serial: _____
Is hearing loss 60 db or greater in each ear? ☐Yes ☐No db Loss Right: _____ db Loss Left: _____

7. Vision: Is there evidence of pathology? ☐Yes ☐No (if **No**, proceed to **8**)
If **Yes**, explain findings: _____
Blindness (20/200 or less with correction) ☐Yes ☐No
Sight (with correction between 20/70 and 20/200) ☐Yes ☐No Corrected Vision Right: _____ Left: _____
Are glasses worn? ☐Yes ☐No

8. Neuromuscular: Is there evidence of pathology, atrophy, or paralysis? ☐Yes ☐No (if **No**, proceed to **9**)
If **Yes**, explain findings. If convulsive or neuro-motor seizures, describe kind, frequency, and last occurrence:_____
_____

9. Other Evidence of Pathology:
Cardiovascular: ☐Normal ☐Other ☐Describe: _____
Pulmonary: ☐Normal ☐Other ☐Describe: _____
Bowel and Kindey Function: ☐Normal ☐Other ☐Describe: _____
Other: _____

10. Diagnosis:_____
List medical prescriptions: _____
Instructions for dressing, braces, exercises, etc.: _____

I approve camping activities for this applicant.
Physician Signature _____ Date: _____
PRINTED name of physician: _____
City: _____ State: _____ Phone Number: ( ) _____

Camper Code of Conduct

The purpose of the Camper Code of Conduct is to clarify expectations of camper behavior for campers, parents, summer staff, and administration at Texas Lions Camp. The primary purpose of the Camp is to provide, without charge, a camp for children with physical disabilities, Down syndrome, and type I diabetes from the State of Texas, regardless of race, religion, or national origin. Our goal is to provide an atmosphere wherein campers will learn the "Can Do" philosophy and be allowed to achieve maximum personal growth and self-esteem. The benefits a camper gains from attending camp depend on the camper's attitude toward positive participation in a camping environment and adherence to the Camper Code of Conduct. If a child's behavior detracts from the positive camping experience for him/her self or others, the child may be sent home.

Code of Conduct Objectives: Management of camper behavior at Texas Lions Camp.

1. Provide a quality camping experience for all campers and TLC staff.
2. Decrease the risk of injury to campers and staff.
3. Outline steps for management of behavior problems.

Implementation: The staff may identify problem behavior as conduct that is disruptive or harmful to campers or staff. The following lists examples of those behaviors which may be followed by an intervention by a staff member to provide a solution to the problem. The list includes, but is not limited to, the following:

Examples of Minor Problems: Teasing, calling names, talking back to staff, failure to cooperate, speaking out of turn, interrupting.

Examples of Major Problems: Kicking, pushing, biting, throwing things, spitting, taking other camper's belongings, dunking in the pool, acting-out sexually, non-compliance in the infirmary, destruction of camp property, and bullying.

Problem behavior that arises at Texas Lions Camp may be handled by a variety of interventions. Possible behavior interventions include, but are not limited to, redirection, natural consequences (i.e. time-out of an activity), parent phone call for positive behavior strategies, and/or a behavior contract. If the behavior continues without improvement, the parent will be called to make arrangements to pick-up the child from camp.

WE HAVE READ, DISCUSSED, AND AGREE TO THE ABOVE CODE OF CONDUCT FOR TEXAS LIONS CAMP.

Camper Signature: _____ Date: _____

Parent/Guardian Signature:_____ Date:_____

Parent/Legal Guardian Agreement

Please read this document carefully and sign below

Consent to Attend & Participate

I hereby give consent for my child (ward) to attend and participate in all programs and activities of the Texas Lions Camp, Inc. (hereinafter also identified as the 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 the 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 (ward'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 Camp programs and activities. I further consent to the Camp taking pictures, audio tapes and/or video tapes of my child (ward) participating in Camp activities and programs and the Camp's use of same in camp publications or publicity that is in the proper interest of the Camp.

Release, Hold Harmless, & Indemnity Agreement

I RELEASE, HOLD HARMLESS and hereby agree to INDEMNIFY the Camp, its agents, servants, employees and/or volunteers from any and all liability, claims, causes of action or suits, for the loss or damage of property, or for injury to, or the death of, my child (ward) or others, for damages, losses, expenses, attorney fees, or costs of whatever nature sustained by me, my child (ward) or others, which may arise out of, or in connection with, my child's (ward's) use or occupancy of the Camp's premises or participation in Camp activities or programs, regardless of the nature or extent of such injuries, damages, costs, expenses, attorney fees or losses, or whether such injuries, damages, costs, expenses, attorney fees or losses are caused in whole or in part by the negligence or sole negligence of the Camp, its agents, servants, employees and/or volunteers, or caused in part by the negligence of the Camp, its agents, servants, employees and/or volunteers and the negligent or grossly negligent acts or omissions of my child (ward) or any other person or entity. This Release, Hold Harmless, and Indemnity Agreement is to be construed broadly, but it does not serve to release or waive claims or causes of action to which my child (ward) may be entitled due to personal injury.

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN 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.

Authorization for Care

I hereby grant permission to, and request and authorize all physicians, nurses and hospitals and their authorized employees and designees to perform routine diagnostic procedures and render medical care deemed necessary for my child (ward).

Financial Responsibility

I understand and confirm that regardless of my assignment of insurance benefits, I am responsible for the total charges incurred by the Camp or others for medical care or services rendered to or on behalf of my child (ward).

Authorization to Release Information

I authorize the Camp to furnish from my child's (ward's) medical records, such information as may be requested by representatives of local, state or federal agencies, insurance companies, or other organizations for the purpose of obtaining payment for services provided to my child (ward) or as may be required for payment of benefits or claims.

Assignment of Benefits

In consideration of services rendered to my child (ward), I hereby assign and transfer to the Camp any and all benefits or proceeds otherwise payable to me individually, as an insured, or in my capacity as the parent/guardian of my child (ward) under hospitalization, health or accident insurance, or any other insurance coverage, to include major medical benefits, for the payment of services rendered. If I receive monies direct from the insurer(s), same shall be held in trust for and immediately transferred to the Camp for amounts due.

If a MEDICARE recipient, I certify that the information given by me in applying for benefits under TITLE XVII of the Social Security Act is correct. I authorize any holder of medical or other information about my child (ward) to release to the Social Security Administration or its intermediaries or carriers any information needed to process a Medicare claim related to the undersigned or my child (ward). I request that payment of authorized benefits be made on my behalf and/or on behalf of my child (ward).

Personal Property

I understand the 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.

PLEASE NOTE: Original application must be received before final camp assignment can be made.

Camper's Name: _____

Signature of Parent/Guardian _____ **Date** _____

Notes Section

Use this page to tell us more about your camper or elaborate on another section of the application. Please include any information you think could be helpful for a successful camp experience.

All About Me!

This section is to be completed by camper and parent.

My Name is: _____

I like to be called: _____

I am _____ years old. I will be in the _____ grade.

This will be my _____ year at Texas Lions Camp.

My favorite school subjects are: _____

One thing I am really good at doing right now is: _____

_____

My favorite thing to do is: _____

The thing I would like to do the MOST at camp is _____

_____

I have questions about: _____

_____

Something I want my bunkhouse staff to know about me is _____

_____

When I get angry or upset, I _____

_____

_____

I know how to swim. (circle one) Not Yet A Little Bit Very Well

*** Due to the variety of activities at Texas Lions Camp, campers will not attend every activity offered at TLC. ***