**2019 Lions Winter Camp for the Blind February 1-3**

An adult camp for the visually impaired sponsored by

Michigan District 11-B1 Lions Clubs.

**IMPORTANT:**

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

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

**January 11, 2019 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. **Please complete all 5 pages of this application!**

**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 2 of the registration form. (4) If you are sick at time of camp, do not come. (5) Registrants who cannot attend camp due to sickness 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 or DG Roger Spriggs 269-282-0292 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: **\_\_\_\_** Blind: **\_\_\_\_\_**

**2019 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 in Battle Creek, provide the information below. Indicate times of arrival and departure. Be sure to check current bus or train schedules and discounts for persons with disabilities. **Please verify travel arrangements 2 days prior to departure.**

Bus \_\_\_ Arrive Friday at: \_\_\_\_\_\_\_\_\_\_\_ Depart Sunday at: \_\_\_\_\_\_\_\_\_\_\_\_

Train \_\_\_ Arrive Friday at: \_\_\_\_\_\_\_\_\_\_\_ Depart Sunday 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 2019 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 submit a separate completed registration form. This form may be used, but do not combine two people on one application. Call for an additional registration form if needed.

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 – Lions District 11-B1**. Mail payment and application to Winter Camp for the Blind, @ 20349 White Pine Blvd, Battle Creek, MI 49017. A return address label enclosed for your use.

**Point of Contact:** Roger Bosse: 269 964-8695.

Additional camper’s names included with this payment:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**2019 Winter Camp for the Blind - Individual Registration Form**

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

**SLEEPING ACCOMODATIONS:**

The male and female dorms have upper and lower bunk beds. Bunks will be assigned at registration. The first 40 men and women requiring lower bunks will be accommodated. Sighted companions will be placed on top bunks unless circumstances require a lower bunk assignment.

*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 dog bedding**.

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

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

**ADDITIONAL INFORMATION**

**Our first regular meal is at 6 pm. Please plan to eat lunch prior to your arrival.**

If bringing a Companion/Caregiver, Include their name, address and phone number and emergency information in the space below.

Individuals must pay camp fee in advance and provide medical and emergency information. **Please use a copy of this application for registration**.

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

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2019 Winter Camp for the Blind - Individual Registration Form**

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

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

If you need more space for any part of this application (such as medicine list), attach your information on a separate page.

**FUNDS DISCLAIMER/PRIVACY POLICY/PHOTO RELEASE**

Winter Camp for the Blind is operated by the Lions Clubs of Michigan District 11-B1 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.

**I hereby authorize Winter Camp for the Blind and District 11-B1 to**

**use my photo or name to further the mission of Winter Camp, and understand that my photo may be used in a wide variety of promotional materials, including newsletters, flyers, brochures, fundraising letters, submissions to journalists, websites, social networking outlets, publications, and other digital media.**

Acknowledgement of Funds Disclaimer statement and Photo Release.

**Please sign** **below**

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

**PART II – Medical, Dietary and Emergency Information - 2019 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.

Medication Name Dosage Times taken each day

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_