



2025 LIONS WINTER CAMP REGISTRATION FORM



WELCOME TO WINTER CAMP! February 7-9, 2025

An adult (18+) retreat for the blind and visually impaired sponsored by Michigan District 11-B1 Lions Clubs.

IMPORTANT

Winter Camp is limited to 70-80 spaces.

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

January 20, 2025, is the LAST day you can register for camp.

Registration: Please provide responses to all areas on the following forms that apply. Please note the following information about camp and Covid precautions.

- ◇ For safety reasons, we cannot accommodate wheelchairs, unless prior approval is given.
- ◇ If necessary, we reserve the right to reject an applicant's registration.
- ◇ If you register and cannot attend, you must notify the Winter Camp point of contact listed in this application. Reimbursement will be considered based on circumstances, such as illness.
If you are sick at the time of camp, please do not come.
- ◇ Covid 19 precautions will be observed based on local conditions and protocols.
- ◇ You are allowed to bring two bags of personal belongings to camp unless you are bringing items to sell. **NO GARBAGE BAGS PLEASE!**
- ◇ Your bags must be **clearly** marked using identification tags provided or your own.
- ◇ Service dogs must have a "gentle leader" available, and you must bring your own bedding.
- ◇ Bring adequate change for drinks, snacks, raffles, etc.
- ◇ Understand and sign the disclaimer statement at the bottom of page 6
- ◇ **Contact Lion Roger Bosse, 269-578-3684 or Bea Furman (517) 581-0325 for questions about the camp or application. Please return pages 3-6. Keep pages 1-2 for reference purposes.**
- ◇ Due to dramatic increases in food prices, **the cost of Camp is now \$50.**

A NOTE ABOUT COVID-19

As of May 2023, the Public Health Emergency related to Covid-19 expired. This resulted in a relaxing of mask mandates for medical facilities, as well as public conveyances. This does not mean that Covid-19 is gone. If you are sick or test positive for Covid 19 at the time of camp, we will ask you not to attend. We will have Covid-19 test kits available if needed. Masks are encouraged for inside activities if you have co-morbidities **As of this point in time, we will not be requiring attendees (including volunteers) to show proof of vaccination.** We will let you know if this guidance changes prior to camp. Winter Camp for the Blind will abide by restrictions imposed by the CDC and/or the Battle Creek School system if a need arises for the safety of public health.



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What to Bring – please keep this page for reference.

- ◇ Sleeping Bag or extra blanket (bedding packets supplied)
- ◇ Special Pillow if you desire (one will be provided)
- ◇ Ear Plugs (some people snore)
- ◇ Toiletries (towel and washcloth provided in linen pack)
- ◇ Personal Medications (Please bring prescribed meds in original containers)
- ◇ Personal Identification and Medical Insurance information
- ◇ Personal reading/writing materials/bible, etc.
- ◇ Musical Instrument if you would like to share (for talent show)
- ◇ Warm Clothes, gloves, boots for outdoor activities/snow
- ◇ Small prize for the camp raffle (2 small gifts if you are able)
- ◇ A comfortable mask for inside activities if desired (**not required**).

Camp Location and Directions

Winter Camp is held at the Battle Creek Public Schools Outdoor Education Center located on Clear Lake approximately eleven miles north of Battle Creek on M-37. The address is **10160 South M37, Dowling, MI 49050**. (Your GPS may not take you to this exact location). This is between Battle Creek and Hastings and one mile south of the community of Dowling. From Battle Creek, the camp is on the west side of the highway. The entrance is identifiable by its rustic stone and wood constructed sign. If you miss the sign and see signage for "Clear Lake Public Access", or "Dowling", turn around – you went too far.

Follow the drive into the camp. It is about one-half mile to the parking area. The main camp buildings are just beyond this point down a single lane road. Drive down the road to unload campers and baggage at the main building. Vehicles must be returned to the parking lot when unloading is complete. There is **NO PARKING** in the vicinity of the camp building (except handicapped)

Activities

- ◇ Inside:
 - Bingo, Crafts, Cane Repair and Clinic, Talent Show, Technology, Vesper Service, all meals, others as scheduled.
- ◇ Outside:
 - Bird Cabin, Hikes, Snowshoeing, Wagon Ride with draft horses, 4-wheeler or snowmobile, campfire.



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Please Print

NAME: _____ M ____ F ____

ADDRESS: _____ CITY: _____

ST ____ ZIP: _____ PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

Please indicate if you are a CAMPER _____ or HUMAN GUIDE _____

- ◇ Human guides may register with this application, include Emergency/health Information.
- ◇ Human guides are expected to help camp staff with other campers besides your companion.

IF YOU ARE SICK, PLEASE PERFORM AN IN-HOME COVID TEST. IF POSITIVE, PLEASE DO NOT ATTEND.

We discourage the use of wheelchairs due to the nature of the terrain and limited staff assistance. If you require a wheelchair, prior approval must be given. Walkers are permissible.

Can you read Braille? Yes ____ No ____

What is your level of visual function: Low (some)Vision _____ Blind (no vision) _____

Normal Vision (human guide) _____

SLEEPING ACCOMODATIONS

The male and female dorms have upper and lower bunk beds. The first 35 men and women requiring lower bunks will be accepted. Any additional individuals requiring a lower bunk will be placed on a waiting list. Companions with normal vision or those who are able will be placed on top bunks. Several bunks are in an upstairs area (four to five steps).

- ◇ Can you walk up and down stairs? Yes ____ No ____.
- ◇ Will you be bringing a service animal? Yes ____ No ____
 - If YES, you are responsible for your animal's bedding.

We cannot guarantee, but we will try our best to accommodate if you would like to be assigned to a bunk near someone else who is attending. Please indicate that person(s) below.

Please list any other special accommodation needed. _____



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HEALTH/EMERGENCY INFORMATION

Camper Name _____

Δ Emergency Contact 1: Name _____

Relationship: _____ Phone: _____

Δ Emergency Contact 2: Name _____

Relationship: _____ Phone: _____

Δ Physician: _____ Phone: _____

Δ Are you bringing medication(s)? Yes ___ No ___ If yes, please list below

Medication Name	Dosage	Times taken each day
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need more space, please attach a separate piece of paper.

Δ Do you need assistance with medications Yes _____ No _____

Δ Are you diabetic? Yes ___ No ___ Are you subject to seizures? Yes ___ No ___

Δ Do you require a special diet? Yes ___ No ___ If yes, please specify

Δ Do you have any allergies (including food)? Yes ___ No ___ If yes, please list

If you need more space, please attach a separate piece of paper

Δ Do you need/carry an EpiPen? Yes _____ No _____

Δ Please bring your personal identification as well as medical insurance cards in the event emergency medical care is needed outside of camp.

Your signature authorizes Lions Winter Camp to release the above medical information to emergency personnel if necessary.

Name _____

Date _____



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Camper Name: _____

TRAVEL ARRANGEMENTS:

If you arrive and depart by PRIVATE VEHICLE, check here ____.

◇ Driver contact: Name _____ Cell _____

If you are arriving via commercial transportation, provide the information below. Indicate times of arrival and departure. **Please indicate your departure/return station** _____

___ Bus ___ Train Arrive Friday at: _____ Depart Sunday at: _____

Please verify your own travel arrangements prior to February 5 in case of changes.

PAYMENT INFORMATION:

All funds must be received in advance. **You cannot pay at camp without prior approval.**

The fee for each camper/companion attending Winter Camp in 2024 is \$50.00 if paying by check or money order. \$55 if paying electronically.

Note: We 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 of your costs. Ask about available scholarships. Ask about Lions Clubs in your area that might be able to help.

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

Please indicate payment type: Check/money order \$ _____ Electronic \$ _____

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, with Winter Camp in the memo line.** Mail payment and application to Winter Camp for the Blind, @ 20349 White Pine Blvd, Battle Creek, MI 49017. A return address label/envelope is enclosed for your use. **Call/text Lion Roger Bosse for details on electronic payments.**

Point of Contact: Roger Bosse: 269 578-3684 (call/text).

Additional camper/caregiver names included with this payment:

_____ / _____

If you mail multiple camper registrations in a single envelope, make sure all applicable fees are included. If more space is needed, please attach a separate page.



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Camper Name: _____

FUNDS DISCLAIMER/PRIVACY POLICY

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.

PHOTO RELEASE

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: _____.

If you did not personally prepare this form, please provide the name of the preparer and a contact phone number below for questions regarding information on the form.

Name _____ Phone _____

Lions Club Affiliation: _____

Lion Contact: Name: _____ Phone: _____