



Texas Lions Camp

Children Can . . . with TLC™

POST OFFICE BOX 290247 ♦ KERRVILLE, TX ♦ 78029-0247 ♦ OFFICE: (830) 896-8500 ♦ FAX: (830) 896-3666
http://www.lionscamp.com ♦ E-MAIL: tlc@lionscamp.com

Dear Parents/Legal 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 and are excited to tell you about our online application process provided for your convenience located 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.

Applications will be accepted beginning **January 15**, and they will be processed according to the order in which they are received. Please submit your application no later than one month prior to the session for which you are applying. However, 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 15** 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 2012

- Session 1 June 3 – June 9
- Session 2 June 10 – June 16
- Session 3 June 17 – June 23
- Session 4 June 24 – June 30
- Session 5 July 1 – July 7
- Down Syndrome Camp July 15 – July 21

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/sch

(Over please)

Serving Children Since 1949

Pat Carroll, President; Sam Lindsey, First Vice President; Leon Van Alstine, Second Vice President; James "Jim" Wilks, Third Vice President; William "Bill" E. Roe, Treasurer; James H. Browning, Secretary; Jack King, Immediate Past President; Tom Westerman, Elected Governors' Representative; Chris Moorman, Elected Directors' Representative
Stephen S. Mabry, CFRE, CAE, Chief Executive Officer

Texas Lions Camp

P.O. Box 290247, Kerrville, Texas 78029-0247
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tlc@lionscamp.com ♦ www.lionscamp.com

Camper Information

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.

★Application Checklist★

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

- Lion *signature* on page 2 of application.
- Newspaper information completed on page 2 of application.
- Session preference marked on page 2 of application.
- If any assistance is needed (indicated on page 3 of application), please send written, detailed instructions.
- Parent *signature* on page 4 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.
- Original application must be on file before a camping assignment can be made.*



Texas Lions Camp Camper Application ~ Down syndrome

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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 know that this questionnaire is provided to save you time incurred by the application process. Call or write the Camp office for clarification of any guidelines.

Camper Name _____

The ideal TLC camper is 12 – 16 years of age, has mild to moderate intellectual disabilities and is physically and emotionally healthy. He/she is capable of basic self-care but sometimes needs a helping hand. The camper should enjoy the activity and fun of camp, which can be loud and rowdy. He/she should be able to keep up with a group and follow basic instructions.

Campers exhibiting behaviors such as hitting, spitting, biting, running away, tantrums and refusal or inability to sleep or eat may be grounds for dismissal from camp.

Yes No

My child's primary disability which qualifies him or her for camp is Down syndrome.
If applicable, my child's secondary associated disability is: _____.



* ***Children ineligible to attend*** are those with contagious or infectious diseases, bedfast, children that require 1 to 1 care, a disability which might cause the child to be harmed by the activity of the camp, or disabilities or behavior which does not allow the child or other children to participate in the camp's program.

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

- | | | |
|------------|--------------------------------------|--|
| Autism | Atlantoaxial Instability | Attention Deficit/Hyperactivity Disorder |
| ADD | Emotionally Disturbed | Osteogenesis Imperfecta (brittle bone) |
| Hemophilia | Any Contagious or Infectious Disease | |

1. My child will be at least 12 years old but not over the age of 16 at the beginning of the session for which he or she is applying to attend.
2. My child is mobile and will be able to participate in outdoor activities in a camp environment.
3. My child will be able to assist the summer staff with basic self-help skills such as **feeding and dressing**.
4. My child is successful in a group environment.
5. My child has been medically evaluated, including cervical spine x-rays, for Atlantoaxial Instability and does not have that condition.

Statement from Lion Sponsor

We, the _____ Lions Club of _____, Texas, District _____ wish to sponsor the below named child for Texas Lions Camp.

★ **Signature of Lion Sponsor:** _____

Please print name of Lion:

Lion's Last Name:

Lion's First Name:

Lion's Mailing Address:

City:

State:

Zip:

Lion's Home Phone:

Lion's Work or Cell Phone:

Lion's Fax:



Texas Lions Camp Camper Application ~ Down syndrome

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All questions must be answered. Please type or print using *black ink*.

Camper Information

Please print name of child:			
Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	Zip:
Age:	Date of Birth:	Sex:	Home Phone: ()
Please print name of parent/guardian:			
Last Name:		First Name:	
Mother's Work Phone & Fax:	Father's Work Phone & Fax:	Cell: ()	
Phone: ()	Phone: ()	Pager: ()	
Fax: ()	Fax: ()	E-mail:	
Name of Emergency Contact <i>(other than parent):</i>	Relation to Camper:	Emergency Contact's Home Phone: ()	
		Emergency Contact's Cell Phone: ()	
Has the Applicant ever attended Texas Lions Camp? _____ If yes, list years: _____ Has the Applicant ever attended any other camp? _____ If yes, where? _____ Is the child's mental or social age below average for his/her condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide substantiating evidence of social abilities (i.e., written documentation from teacher or physician regarding how well child gets along with peers, adults, completes tasks, etc.).			
Camp will send your child's photograph and camp attendance information to your local newspaper. Please provide the newspaper information requested below. If left blank, no information will be sent.			
Newspaper Name:	Mailing Address	City:	Newspaper Phone: ()

Insurance Information

Camper Social Security Number:	
Parent/Guardian Name:	Policy Holder Social Security Number:
Emergency Contact <i>(other than parent):</i>	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: ()



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 Name** _____

Signature of Parent/Guardian _____

Date _____



Behavior

Behavior: (Check all that apply)

- Is hyperactive
- Likes to be the center of attention
- Does not mix well in groups
- Depression
- May use foul language
- May be aggressive when upset
- Bi-polar
- May be stubborn
- Runs from adults/the group

Other: _____

Behavior Management Tools: (Check all that apply)

If camper has a behavior plan, please attach a copy.

- Redirection
- Time Out
- Withhold privileges
- Exercise Authority
- Distraction
- Other _____

What works best for you? _____

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

Self Care

Eating: (check all that apply)

- No assistance needed
- Total assistance needed
- Difficulty swallowing solids
- Assist with cutting
- Will provide special utensils
- Requires a special diet (see below)
- Diabetic
- Has a tongue thrust
- Needs food blended
- Needs Apron
- Uses a straw
- Food allergies (see below)
- Celiac/Gluten-free diet
- Vegetarian
- Assist with drinking
- Nothing by Mouth
- Has G-Tube for supplement
- Picky eater (see below)

Special Information: _____

Dressing:

- No assistance needed
- Some assistance needed
- Needs help choosing clothing
- Needs help with buttons/zippers
- Needs help with socks/shoes

** If ANY assistance is needed, please explain: _____*

Restroom & Hygiene: (check level of assistance)

	alone	some assistance	total assistance	What is the best way to help? (attach further direction, if needed)
Bathing				
Toileting				
Combing Hair				
Brushing teeth				

Sleep Habits:

Does camper have any special needs at night (positioning, sleeping, bedrail, equipment, mattress on floor, etc.)? _____

- Does camper sleep through the night? Yes No
- Does camper wet the bed? Yes No
- Does camper require a nap during the day? Yes No
- Does camper have any known fears? Yes No

(please list): _____



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.

Foods that <u>CANNOT</u> be eaten	Allergies

Communication

(check all that apply)

- Speaks clearly
- May be difficult to understand
- Uses gestures
- Writes
- Uses communication device
- Uses sign language
- Other:

Special information: _____

Notes Section

Use the 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.
