



# 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](http://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  
(830) 896-8500 Office ♦ (830) 896-3666 Fax  
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 ~ Handicap

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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 be aware that this questionnaire has been provided in order to save you time incurred by the application process. Call or write the Camp office for clarification of any 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 disability is: \_\_\_\_\_

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

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



\* ***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 the 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*	Mental Retardation
Attention Deficit/Hyperactivity Disorder	Emotionally Disturbed	Osteogenesis Imperfecta (brittle bone)
Autism	Hemophilia	Any Contagious or Infectious Disease

\*(Children with Down syndrome should apply to attend the Lions Camp 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**.

**Note:** New campers have priority over former campers for assignment.



## Texas Lions Camp Camper Application ~ Handicap

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

### Preference for Camp Assignment

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

- Session 1   
  Session 2   
  Session 3   
  Session 4   
  Session 5

### Camper Information

<b>Please print name of child:</b>			
Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	Zip:
Age:	Date of Birth:	Sex:	Home Phone: (    )
<b>Please print name of parent/guardian:</b>			
Last Name:		First Name:	
<b>Mother's Work Phone &amp; Fax:</b>	<b>Father's Work Phone &amp; Fax:</b>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , 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, 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. <b>If left blank, no information will be sent.</b>			
Newspaper Name:	Mailing Address	City:	Newspaper Phone: (    )

### 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:** \_\_\_\_\_

<b>Please print name of Lion:</b>			
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: (    )	



# Camper Information...Continued



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

### Meals:

- No assistance needed
- Some assistance needed

Camper's Name: \_\_\_\_\_

- Food needs to be cut/chopped
- Needs straw for liquids

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

### Bathing:

- No assistance needed
- Some assistance needed

- Needs help washing hair only
- Total assistance needed

\* 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
- Uses walker
- Uses electric wheelchair
- Walks with assistance
- Uses braces
- Uses manual wheelchair
- Uses crutches

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

Special instructions: \_\_\_\_\_

### Toileting:

- No assistance needed
- Needs help transferring
- Wets bed
- Wears diapers/Depends during
- Bowel control is limited
- Bladder control is limited
- Catheterizes self every \_\_\_\_\_ hours
- Needs help cleaning up
- Needs bed pads
- Day,  Night,  Both.
- No bowel control
- No bladder control

\* 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? \_\_\_\_\_

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

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# 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** \_\_\_\_\_



# Insurance Information

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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.)
<i>Example: Tegretol</i>	<i>200 mg; 1 tablet</i>	<i>9:00 a.m., 9:00 p.m.</i>

## Medically Restricted Diets & Allergy Concerns

Complete this section with medical concerns only.

Foods that <u>CANNOT</u> be eaten	Foods that can be eaten
<i>Example: eggs, milk, cheese and their products</i>	<i>All other foods and food groups</i>

List ALL allergies (food, environmental, medical, etc.): \_\_\_\_\_



# Medical Report

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To be completed by medical personnel. Please type or print.

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

1. **Primary Physical Disability** (Hearing Impaired, Amputee, Asthma, 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/Hyperactivity 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/Tetanus\*: \_\_\_\_\_  
 Allergic to any vaccine? \_\_\_\_\_ \*Must be within last 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 Kidney Function:  Normal  Other Describe: \_\_\_\_\_

Other: \_\_\_\_\_

10. **Diagnosis:** \_\_\_\_\_

List medical prescriptions: \_\_\_\_\_

Instructions for dressings, braces, exercises, etc.: \_\_\_\_\_

\_\_\_\_\_

I approve camping activities for this applicant.

★ **Physician Signature** \_\_\_\_\_ Date: \_\_\_\_\_

PRINTED name of physician: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_