



# 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](mailto: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](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.

Online applications will be accepted beginning **January 2, 2019**, and paper applications will be accepted beginning **February 1, 2019**, 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 1** of the year in which they are attending camp.

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 2019

### Specialty Camps

Session 6: July 7<sup>th</sup> – 13<sup>th</sup>: Children with Down syndrome

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/jfm

# **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 Down Syndrome



## 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, acting-out sexually, and refusal or inability to sleep or eat may be grounds for dismissal from camp.

**Yes No**

1. 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:**

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

2. 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.
3. My child is mobile and will be able to participate in outdoor activities in a camp environment.
4. My child will be able to assist the summer staff with basic self-help skills such as **feeding and dressing**.
5. My child is likely to be successful in a group environment.
6. My child has been medically evaluated, including cervical spine X-Rays, for Atlantoaxial Instability and does not have that condition.

## Camper Information--Children with Down Syndrome

<b>Please print name of child:</b>	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 (if different from child): _____			
City/State/Zip: _____	Home Phone: _____		
Email: _____	Cell Phone: _____		
Employer: _____	Work Phone: _____		
Father/Legal Guardian: _____			
Address (if different from child): _____			
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.			
★ <b>Signature of Lion Sponsor:</b> _____			
<b>Please Print name of Lion:</b>	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.

**Eating:** *(Check all that apply)*

- No assistance needed
- Some assistance needed
- Difficulty swallowing solids
- Assist with cutting foods
- Has G-Tube for supplement

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

- Assist with drinking
- Needs straw for liquids
- Needs food blended
- Will provide special utensils
- Food Allergies
- Has a tongue thrust
- Needs an apron
- Nothing by Mouth
- Picky eater

Special information: \_\_\_\_\_  
\_\_\_\_\_

**Dressing:**

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

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

**Restroom and Hygiene: (Check level of assistance)**

	Alone	Some Assistance	Total Assistance	What is the best way to help? (attach further direction, if needed)
<b>Bathing</b>				
<b>Toileting</b>				
<b>Combing Hair</b>				
<b>Brushing Teeth</b>				

**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?     Yes     No
- Does camper have any known fears?     Yes     No    Please list: \_\_\_\_\_

**\*\* If your child exhibits behaviors which detract from your child's or another child's camping experience, your child may be sent home. \*\***

**Behavior:** *(Check all that apply)*

- Is hyperactive
- Likes to be the center of attention
- Does not mix well in groups
- Acts out sexually
- Runs from adults/ the group
- May use foul language
- May be aggressive when upset
- Other: \_\_\_\_\_
- Bi-Polar
- May be stubborn
- Depression

**Behavior Management Tools:** *(Check all that apply)*

- Redirection
- Distraction
- Time-out
- other: \_\_\_\_\_
- Withhold privileges
- Exercise authority

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

What works best for you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_
- Recent stressful events we should know about: \_\_\_\_\_
- What does your child do when he/she is mad, sad, or upset?: \_\_\_\_\_  
\_\_\_\_\_

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

How do you handle behavioral problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the best way to encourage your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Communication

(Check all that apply)

- |   |   |  |                                 |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Speaks clearly     | <input type="checkbox"/> May be difficult to understand | <input type="checkbox"/> Uses gestures | <input type="checkbox"/> Writes |
| <input type="checkbox"/> Uses Sign Language | <input type="checkbox"/> Uses communication device      | <input type="checkbox"/> 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.)
<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*

- |   |                                      |                                      |                                   |
|---|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Gluten-Free | <input type="checkbox"/> No Dairy    | <input type="checkbox"/> No Eggs  |
| <input type="checkbox"/> No Poultry     | <input type="checkbox"/> No Pork     | <input type="checkbox"/> No Red Meat | <input type="checkbox"/> No Fish  |
| <input type="checkbox"/> No Wheat       | <input type="checkbox"/> Vegetarian  | <input type="checkbox"/> Vegan       | <input type="checkbox"/> Diabetic |

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

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

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\*\*\*Texas Lions Camp does its best to accommodate the dietary needs of campers; however, sometimes 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 using black ink.*

**Camper Name:** \_\_\_\_\_ Primary disability is **Down syndrome**

Secondary Disability, if any: \_\_\_\_\_

In your opinion, is this child's intelligence commensurate with his or her age? \_\_\_\_\_

**1. 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: \_\_\_\_\_ Sickle Cell: \_\_\_\_\_ Cystic Fibrosis: \_\_\_\_\_

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: \_\_\_\_\_

**2. Vital Statistics:** Blood Pressure: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**3. 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

**4. Orthopedic:** Is there evidence of pathology?  Yes  No

**Is there any evidence of Atlantoaxial Instability?**  Yes  No

Have cervical spine (neck bone) x-rays been done?  Yes  No (if **No**, proceed to **6**)

If **Yes**, explain findings: \_\_\_\_\_

**5. Hearing:** Is there evidence of pathology?  Yes  No (if **No**, proceed to **7**)

If **Yes**, explain findings: \_\_\_\_\_

Is hearing aid worn?  Yes  No Serial: \_\_\_\_\_

**6. 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 Are glasses worn?  Yes  No

**7. Cardiovascular:** Is there evidence of pathology or disease?  Yes  No (if **No**, proceed to **9**)

If **Yes**, explain findings: \_\_\_\_\_

**8. Neuromuscular:** Is there evidence of pathology, atrophy, or paralysis?  Yes  No (if **No**, proceed to **10**)

If **Yes**, explain findings. If convulsive or neuro-motor seizures, describe kind, frequency, and last occurrence: \_\_\_\_\_

**9. Other Evidence of Pathology:**

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** \_\_\_\_\_



# 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