

***LIF Camp Lions-Helen Keller
for Deaf, HoH, Blind, & Partially Sighted Adults
2814 DeKalb Avenue, Sycamore, IL 60178***

Greetings from LIF Camp Lions-Helen Keller,

You are receiving this letter at the request of Helen Keller Camp applicant _____ who has identified you as the SSP who will accompany them to camp.

Camp Lions-Helen Keller be held at the Reynoldswood Retreat Center (Camp Reynoldswood) in Dixon, Illinois. Check-in is from 2pm to 4pm on June 13, 2010 in the Manor House Lobby.

Transportation to and from the camp is your responsibility, no transport is provided by Camp Helen Keller. A map with directions is attached for your use. **Check-out is on June 19, 2010 between 9am-11am.**

A basic informational form is attached to complete and submit. All forms must be returned by May 1, 2010. Keep in mind you do not want to delay the process for your client/camper, as your info must be received before we can accept your client/camper. Each application is processed on a first come; first serve basis and spaces fill quickly! Please submit your forms and a \$15 deposit check/money order (payable to: Lions of Illinois Foundation, Camp Lions-Helen Keller for your personal account at the store and/or group photo (balance refunded upon request at end of camp) to the address provided on the forms. "No shows" forfeit deposit. There are no additional costs for you or your client/camper to attend.

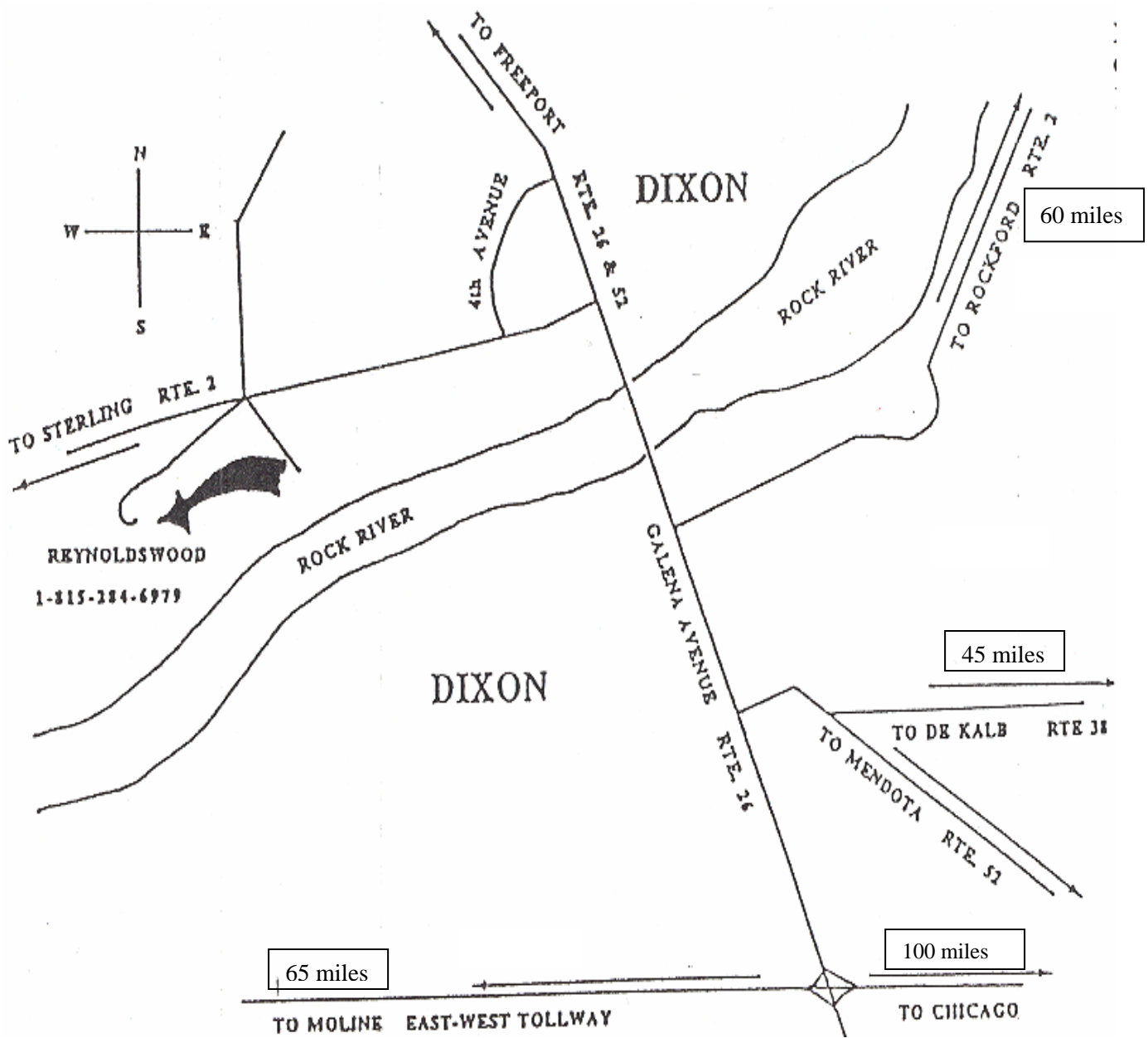
Please remember this is a rustic camp. While the housing is a modern dorm, the grounds are rolling and wooded, with pathways for nature hikes composed of gravel or sand. Sidewalks connect the housing to the dining rooms and swimming pool.

Since this is a summer camp, our activities can be physically challenging as well as enjoyable. As an SSP, you will be responsible for the personal care of your client/camper. This will require you to attend and participate in all camp activities with your client. Be assured that you will not be assuming general camp staff duties, although you are responsible to aid with communicating and guiding your client/camper to activities throughout the camp session.

If you have any questions please contact: Alan Wilson, Camp Registrar, at the Lions of Illinois Foundation office Monday – Friday from 8:30am to 4:30pm at:
815-756-5633 V * 1-800-933-3937 TTY * 815-748-9087 FAX or E-mail: adwilson@tbc.net .

DIRECTIONS TO:
CAMP LIONS HELEN KELLER
at Reynoldswood Retreat Center
621 Reynoldswood Road, Dixon, IL 61021

From Route 88: East/West Tollway) - Take HWY 26 North to IL 2 and go west 2 miles to sign make a left and a sharp right to entrance. Follow signs to the Manor House.



2010 CAMP LIONS/HELEN KELLER

for Blind/Low vision & Deaf/Hard of Hearing Adults

SSP / ASSISTANT REGISTRATION FORM - 2010

Return form to: Camp Lions Registrar,
2814 DeKalb Ave., Sycamore, IL 60178

Submit completed form on or before May 1, 2010 with employer's application. Food, lodging, and activity fees have been waived so you may attend with your employer. Please submit a \$15 check or money order for your personal use at camp. A refund of the balance will be made, upon request, at the end of the camp. Wages for services are paid by the employing camper.

PLEASE PRINT - Dear SSP/Assistant Please answer every question to the best of your ability. Incomplete forms will be rejected & returned to complete in full.

SSP/Assistant's Name _____

Birth date __/__/__ Male__ Female__

T-shirt (circle size needed): S M L XL 2XL 3XL 4XL 5XL

Home Address _____

City _____ State _____ ZIP _____

Phone(____) _____ E-mail _____

Medical Insurance: Company: _____

Insured Account # _____ (enclose copy of insurance card)

IN CASE OF EMERGENCY CONTACT:

Name _____ Phone (____) _____

Address _____ City _____ St _____ Zip _____

Camper employed by: _____

Do you Sign? __Y __N Can you sign hand-in-hand? __Y __N

Are you hearing or visually impaired? __Y __N

Yes, I am _____

ADDITIONAL MEDICAL INFORMATION: Do you have:

1. Asthma __Y __N

2. Diabetes __Y __N If Yes, Type: _____

3. Epilepsy: __Y __N Frequency of seizures _____

4. HIV/Aids __Y __N

5. Hypertension __Y __N

6. Cardiovascular condition ____Y ____N

7. Any other type of medical conditions: __Y __N _____

If yes, please describe: _____

List all Medications that you will be bringing to camp:

Prescribed medications must be in properly labeled bottles with original doctors/pharmacy label.

Prescribed Medication: _____ *Dosage:* _____ *Prescribing Physician* _____

8. List all Medication or environmental allergies: _____

9. Food allergies: _____

10. Special Dietary Needs: _____

CAMP ACTIVITIES:

Please be aware that campers will have the opportunity to participate in these and other activities: Hiking, Swimming, Team sports, Horse riding, Canoe/boat rides, Camp Fire cookouts & sing a longs, Archery, Art & nature crafts, fishing, music/dance, And other activities as time & conditions allow.

Can you swim? ___Y ___N How Well? ___Good ___Fair ___Poorly

Do you have any canoeing experience? ___Y ___N

What team sport activities do you enjoy? _____

Do you play any musical instruments? ___Y ___N If yes, please list:

Activities you cannot perform or are medically restricted from performing:

This notice was included in every attending camper’s application. Please read:

ATTENTION: Campers are encouraged to have a personal assistant (PA) attend camp with them if one is normally used at home. It does not cost extra, however, SSP cannot be an additional guest. Campers are solely responsible for paying accompanying wages and expenses of their SSP. Personal assistants must be 18 or older and abide by the same rules of camp conduct as the camper. **Personal assistants must be pre-registered by including necessary information on camp forms.**

Guide/assistance dogs are welcome by law. Owner accepts total liability for any attending animals including property damage, personal injury (bites, etc.), and personal care & feeding of said guide/assistance dog. Notification of dog’s attendance must be included on application.

PLEASE READ CAREFULLY:

As an SSP/Personal Assistant, you will be expected to observe all camp rules and guidelines. A copy of the guidelines will be provided. If, for any reason, you violate these guidelines you will be asked to leave. The Camp Director, Staff Supervisor, and or Camp Lions Administrator are the officers to enact this provision.

Some basics include:

- *NO Alcohol or illegal substances; *NO Smoking except in pre-designated areas
- *NO Obscenity; *NO Weapons – includes knives; *NO aggressive behavior which would put yourself or any other camp participants at risk of harm either bodily, psychologically, or emotionally; *Follow Camp Lions Schedule of activities with your client to assist as needed. **Additional guidelines will be provided at the Camp.**

Don’t forget to include your \$15 spending account check or money order payable to: LIF Camp Lions. Use of this money is for your own personal spending while at Camp Lions in the camp store and for a group photo. At the end of the camp session, you may choose to receive the balance of this account (after notification by camp store) or perhaps you might to donated the balance to Camp Lions Helen Keller.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

Consent to Camp Activities: I, the attending person whose signature appears below, consent to participate in the Camp Lions program. I understand that the program will include not only normal activities conducted on the campgrounds but also certain field trips and other activities outside of the campgrounds which will require transportation to and from off-campground locations. I also understand that if qualified camp counselors and supervisors deem it appropriate, I may be offered an opportunity to engage in certain special activities posing special risks, such as rappelling (rock climbing). I hereby give my consent to participate in any and all such activities, which are deemed appropriate by and supervised by qualified, camp personnel.

Consent to Medical Treatment: I, the attending person whose signature appears below, fully understand that, even after reasonable precautions have been taken, Camp Lions activities have certain hazards for which the Foundation can be held responsible. I consent to be held at the camp hospital in case of illness or injury and the person named "In case of emergency" be notified as soon as possible at a telephone number which is supplied. I hereby give my permission to the physician selected by the Camp Director to hospitalize and/or obtain appropriate medical care for myself in the event of a medical emergency or other circumstances likely to have an adverse effect on my health, if no one can be reached in such a situation. I agree to pay the usual charges for such an emergency treatment of first aid. I desire notification of my emergency contact listed in the preceding form as soon as possible, by telephone or other appropriate means, of any such emergency or other circumstance likely to have an adverse effect upon my health, including notification of any emergency treatment administered. I desire the LIF Head Counselor or designee to care for the camper with whom I am attending as an assistant as if he or she was his own.

Consent to the taking and use of photos: I hereby give my permission for photographs to be taken during any Camp activities and for the publication or other use of such photographs for public relations, fund raising or any other purpose reasonably related to the operation or promotion of the camping program.

Consent to release of camper evaluation forms: I hereby give my permission for the Camp Lions Registrar to release an evaluation completed by the Head Counselor or Camp Counselor on my participation in the Camp Lions program.

Indemnification Agreement: I hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation, The Outdoor Retreat Ministries, respective employees, agents and representatives from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with my participation in the Camp Lions program except for such liabilities, claims or demands which result from an injury or loss caused solely by the negligent or otherwise wrongful act of omission of the Lions of Illinois Foundation, the Outdoor Retreat Ministries or their respective employees, agents or representatives.

I, the undersigned do hereby verify that all Health, Medical, & Registration Information requested in the Camp Lions/Helen Keller Attending Assistant Registration Form is accurate and correct to the best of my ability. I also attest that no information has been withheld which would affect my attendance and/or participation in the Camp Lions/Helen Keller program and/or as an assistant to the Camper listed below. I hereby give my consent for verification of all information provided.

Date: _____ Signature of attending assistant: _____

Date: _____ Signature of Camper employed by: _____

2010 CAMP LIONS-HELEN KELLER CLOTHING CHECKLIST

The following is a recommended list of clothing and personal items to bring to camp. We request that you label all items. Camp Lions Helen Keller & Lions of Illinois Foundation assume no responsibility for lost or damaged articles. THIS LIST IS BASED ON A FIVE DAY STAY.

CAMPER'S NAME:		
ROOM #	Check-in	Check-out
ITEMS	NUMBER & COLOR	COMMENTS
Sweater/Sweatshirt		
Lightweight Jacket		
T-Shirts (5-7)		
Shorts (5-7 pair)		
Jeans/Pants (3 pair)		
Shirts/Blouses (2)		
Underwear (7 pair)		
Bras (3)		
Sleepwear (2 sets)		
Bath Towel		
Socks (5-7 pair)		
Shoes (2 pair)		
Hat or Cap (for sun)		
Sunglasses, if needed		
Bathing Suit & Beach Towel		
Sleeping Bag & Pillow or 2 sets of bed sheets and pillow (Twin size or flat)		
<i>White T-Shirt (for craft project)</i>		
PERSONAL ITEMS		
Soap/Shampoo		
Toothbrush & Toothpaste		
Shower Shoes/Flip Flops		
Comb & Brush		
Sanitary Napkins, etc.(if necessary)		
Envelopes & Stamps (for personal mailings)		
Dirty Clothes Bag		
Insect Repellant & Sunscreen		
Flashlight (with batteries)		
Hearing Aid Batteries		
Waterproof storage container for Hearing Aid		

Campers often bring a small fan. Please label if you decide to bring one.

**PLEASE USE YOUR DISCRETION WHEN BRINGING ANY ELECTRONICS TO CAMP HELEN KELLER.
THE LIF & CAMP HELEN KELLER ARE NOT LIABLE FOR ANY LOSS OR DAMAGE.**