

# CAMPER APPLICATION FORM

## Lions Camp Horizon

7506 Gemini St.  
Blaine, WA 98230-9274

Received _____
Payment _____
Camp Week _____
<b>For Office Use Only</b>

Camper's Name \_\_\_\_\_  
LAST FIRST MIDDLE

Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
STREET/ PO BOX CITY STATE/PROVINCE ZIP

Contact Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Facility /Group/Parent if at home \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_  
STREET/ PO BOX CITY STATE/PROVINCE ZIP

If School Age: Name of school \_\_\_\_\_ Special Ed. Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Session Preference 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ Roommate preference \_\_\_\_\_

### EMERGENCY INFORMATION – Please list phone numbers where we can reach someone *during* camp.

1) \_\_\_\_\_  
NAME HOME PHONE WORK PHONE RELATIONSHIP

2) \_\_\_\_\_  
NAME HOME PHONE WORK PHONE RELATIONSHIP

**The cost for Camp will be \$575 (US) which includes the \$25 registration fee. The registration fee is due with the application.**

**Is a care giver accompanying the Camper?**  Yes  No  
(There will be a charge for food for care givers.)

*Please check all appropriate boxes so we may best meet camper's needs.*

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Mild MR	<input type="checkbox"/> Verbal-Understandable
<input type="checkbox"/> Cane	<input type="checkbox"/> Moderate MR	<input type="checkbox"/> Verbal-Non-Intelligible
<input type="checkbox"/> Walker	<input type="checkbox"/> Severe MR	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Braces	<input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Communication Device
<input type="checkbox"/> Prosthesis	<input type="checkbox"/> FAS	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Quadriplegic	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Paraplegic	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Exact Sign Language
<input type="checkbox"/> Hemi-Paresis	<input type="checkbox"/> Obsessive Compulsive Disorder	<input type="checkbox"/> Blind
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Autistic	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Bi-Polar	
<input type="checkbox"/> Dev. Disabled	<input type="checkbox"/> Other – Describe _____	

Camper's own assisted living devices (i.e. signboard, shower chair, etc.) \_\_\_\_\_

**Camp 2010**

Week 1 – July 5 - July 10  
Week 2 – July 13 – July 18  
Week 3 – July 21 – July 26  
Week 4 – July 29 – August 3

If you would like a 2010 Camp hoodie or t-shirt, please indicate size below. Payment must be made prior to Camp. T-shirts are \$12 (US), Hoodies are \$35 (US)  
I would like a: \_\_ Hoodie \_\_ size  
                          \_\_ T-shirt \_\_ size

**I authorize Camp Horizon to use my picture for promotional materials.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_

Return Application by: <b>May 21, 2010</b>
To: Lions Camp Horizon 7506 Gemini St. Blaine, WA 98230-9274

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

Camp Year 2010

**Behavioral/Social Background**

(Please use another sheet if necessary)

Please describe any behavior problems we may see at camp:

When do these behavior problems occur?

Please explain what we can do to manage these behaviors listed above (e.g. re-direction, quiet time, phrases used to calm, etc.)

What would make camp a successful experience for this camper?

Please list any activities in which the camper may NOT participate or attach precautions or special instructions for routine camp activities:

	Independent		Dependent		Comment
Is camper independent? Please rate each task and comment:					
Self care	1	2	3	4	_____
Feeding	1	2	3	4	_____
Personal hygiene	1	2	3	4	_____
Is Camper incontinent?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	_____
Is camper prone to wander?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	_____
Does camper have special needs at night?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	_____
Is camper violent?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	_____
If yes, under what circumstances and what kind of violent behavior?					_____

**\*\*We reserve the right to screen this application Incomplete Applications will be subject to return.**