



Kentucky Lions Youth Camp

Serving Blind/Vision Impaired Youth Since 1982
Serving Deaf/Hard of Hearing Youth Since 1992

2008 Camper Application – Please Print All Information

Blind/Vision Impaired Camp Deaf/Hard of Hearing Camp

Camper Name _____ Nickname _____ Male Female

Street Address _____ Date of Birth _____ Age _____

City _____ State _____ Zip Code _____ County _____

Telephone w/area code _____ School _____ Grade _____

T-shirt size: Youth ___ Adult ___ Has Camper attended camp before? Yes No Lions Camp? Yes No

Information below MUST be completed on each camper or application will not be accepted.

Complete the following for BLIND/VISION CAMPERS: Camper is Totally Blind Legally Blind Partially Blind

Corrected vision: ___/___ Right eye ___/___ Left eye Camper reads: Braille Large Print Regular Print

Does Camper wears glasses Yes No

Complete the following for DEAF/HARD of HEARING CAMPERS: Camper is Deaf Hard of Hearing
 Has Cochlear Implant

Audiogram reading is: _____

Camper communicates Speech Only Sign Language & Speech Sign Language Only

Does child wear hearing aids? Yes No Right Ear - Serial # _____ Brand name _____
Left Ear - Serial # _____ Brand name _____

***An eye report for children with visual problems or an audiological evaluation
may be attached instead of the above information***

Complete the following for All campers. (Parents: please attach picture of new campers if available)

Camper is allergic to: _____ Date of last tetanus _____

Medical Card # _____ Social Security # _____
(Send Copy of Card)

Insurance information _____

Camper is on medication No Yes Explain: _____

Camper requires earplugs No Yes *(Parents, please send ear plugs to camp with the camper)*

Camper requires assistance with: Dressing Toilet Mobility Other _____

If camper has behavior problems, please explain: _____

Other impairment/limitation (wheel chair, etc) _____

List each diagnosis or chronic illnesses related to camper _____

**Turn application over and complete the emergency and authorization section.
CAMPER ELIGIBILITY: Boys and girls ages 8 through 15 with hearing or vision impairments.**

Emergency Contacts (needs to be people other than the parents who can be contacted if parents are not available)

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Please Print: Mother's name _____ Father's name _____

Guardian's name, if applicable _____

Social Worker's name & telephone number, if applicable _____

Parental Authorization: (This section must be completed for ALL campers or application will not be accepted)

1. In case of EMERGENCIES, if camper needs to be seen by a physician, do we have your permission to conduct examinations, order x-rays and to conduct tests for EMERGENCY treatment of this camper? YES NO
2. Can pictures/slides be taken of camper for his or her personal use? YES NO
3. Can pictures/slides be taken of camper for purpose of media release or public information/education? YES NO
4. Does camper have permission to take field trip? YES NO

Signature _____ Date _____
 Parent Guardian

Address if different than camper _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address (if applicable) _____

Application must be received at least 30 days prior to camp. Return this application and a copy of Insurance or Medical card to:

**Cecil W. Warner, Camp Director
KY Lions Youth Camp
626 Colonial Trace
Frankfort, KY 40601-1329**

or

**Lions Camp Crescendo, Inc.
P. O. Box 607
Lebanon Junction, KY 40150
Ph: (502) 833-3554 or (502) 833-4427
Toll Free: 1-888-879-8884
Fax: (502) 833-4249**

Telephone: 502-223-8514
e-mail → cwarner@mis.net

**Billie J. Flannery, Administrator
bjflannery@lions-campcrescendo.org
Kevin Patton, Resident Manager
kevin@lions-campcrescendo.org**

2008 Camp Dates @ Lions Camp Crescendo: June 29th – July 5th

(If application is accepted, you will receive an acceptance letter)

Referred by (agency, name, phone): _____