

Georgia Lions' Camp for the Blind

5626 Laura Walker Road
Waycross, GA 31503
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E-Mail: glcftb@bellsouth.net
Website: www.glcb.org

**Camp Session Attending:
Christmas Camp 2009**

Date of Application _____

Camper's Name: (Last) _____ (First) _____ (Middle) _____

Address: _____ City _____ State _____ Zip _____

Phone: () _____ Birth Date: _____ Age: _____

Gender: Male Female T-shirt Size _____ First time camper? Yes No

(Circle One) Parent / Guardian / Care Giver | Name: _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: () _____ Business Phone: () _____

Emergency Contact Name: _____ Phone: () _____

Is camper covered by Medical / Hospital Insurance? Yes No | If YES, please provide copy of card(s).

Please check degree of vision loss:

Totally blind or light perception only Legally blind (20/200) or side vision in one eye only
 Vision in one eye only Partially sighted-low vision of 20/70 Snellen or less with correction

Visual Acuity: (please state Snellen)

Uncorrected: Left 20/ _____ Right 20/ _____ Corrected: Left 20/ _____ Right 20/ _____

Does camper wear glasses? Yes No

Parents / Guardians are responsible for arranging transportation to and from Camp.

Macon arrival _____ Waycross arrival _____ Macon departure _____ Waycross departure _____

The Georgia Lions' Camp for the Blind is not staffed to care for campers with mental and/or physical problems that require specially trained staff. Please list any problems (medical, behavioral or otherwise) of which we should be aware.

Signature: _____ Date: _____

I am the: Parent Legal Guardian Adult Camper Care Giver

(All campers under 21 years old must have parental signature)

Acceptance to attend Camp will be verified by a letter of confirmation sent on a later date.
A medical exam must be scheduled and documented prior to attending camp each year.

OVER

Travel Information

Camper Name: _____

Arrangements for transportation are the responsibility of the Parent/Guardian. We encourage you to bring your child to the camp yourself if it is his/her first time so that you will have an opportunity to visit the camp's facilities. Your local Lions Club may be able to assist with transportation if this is needed.

The following information is required in order to process the above camper's application.

ARRIVAL INFORMATION:

- The camper will arrive at the Georgia Academy for the Blind in Macon, Georgia.
- The camper will arrive at the Georgia Lions' Camp for the Blind in Waycross, Georgia.

DEPARTURE INFORMATION:

- The camper will depart from the Georgia Academy for the Blind in Macon, Georgia.
- The camper will depart from the Georgia Lions' Camp for the Blind in Waycross, Georgia.

TRANSPORTER INFORMATION:

Arrival

- Arrival transporter only
- Arrival/departure information is the same

Transporter's Name _____

Relationship to Camper: Parent Legal Guardian Friend Relative

Contact information during travel

Cell Phone () _____ - _____

Departure

- Departure transporter only

Transporter's Name _____

Relationship to Camper: Parent Legal Guardian Friend Relative

Contact information during travel

Cell Phone () _____ - _____

PASSWORD: This word should be made known to the transporter by the minor camper's parent or legal guardian and presented to GLCB personnel prior to leaving a camp session.

Parent Signature

Date