

GEORGIA LIONS' CAMP FOR THE BLIND

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SUMMER CAMP APPLICATION

Date of Application: _____ Social Security #: _____ - _____ - _____

Circle Camp Session # Attending: 1 2 3 4 5 Session Dates: From: _____ To: _____

Camper's Name: Last: _____ First: _____ MI: _____ Called By: _____

Address: _____ City _____ State _____ Zip _____

County of Residence: _____ Phone: (_____) _____

Email Address: _____

Birth Date _____ Age _____ Gender: Male Female First time camper? YES NO

Race/Ethnicity

White/Caucasian Bi-Racial/Multi-Racial Native American Indian Native Hawaiian/Pacific Islander
 Black/African American Asian Hispanic/Latino Other _____

T-shirt size: S M L XL Other _____ (specify size) (\$5.00 each) May be mailed with registration fee.

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

Address: _____ City _____ State _____ Zip _____

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

Emergency Contact: _____ Phone: (_____) _____

The above named person is required for contact during attending session, in the event that early pickup is needed.

Is potential camper covered by Family Medical/Hospital Insurance? YES NO (Please include copy of insurance card.)

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/ _____ Does camper wear glasses?
Corrected Left 20/ _____ Right 20/ _____ YES NO

Parents/Guardian are responsible for arranging transportation to and from Camp. The Camp provides a chartered bus that will depart and return to Macon, GA at the GA Academy for the Blind on the first and last days of session.

Please check appropriate mode of transportation:

<u>Arrival</u>	<u>Departure</u>
<input type="checkbox"/> Arriving at Camp	<input type="checkbox"/> Departing from Camp
<input type="checkbox"/> Riding Macon Bus to Camp	<input type="checkbox"/> Riding Macon Bus from Camp

The Georgia Lions' Camp for the Blind is not staffed to care for campers with severe mental and/or physical problems that require 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/guardian 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.