



Colorado Lions Camp

"The Camp Above the Clouds"

Mailing address: PO Box 9043, Woodland Park, CO 80866
Physical Address: 28541 HWY 67N, Woodland Park, CO 80863
Phone: 719-687-2087 Fax: 719-687-7435

Email: coloradolionscamp@msn.com
Website: www.coloradolionscamp.org

Dear Camper/Caregiver/Family:

Thank you for your interest in the Colorado Lions Camp, a place where campers can participate in a variety of adapted outdoor and recreational activities, make new friends and explore new opportunities. Whether you're a returning camper or a first timer, there is always something new to experience at the Colorado Lions Camp!

The Mission of the Colorado Lions Camps is to provide exceptional camping programs to individuals with special needs which promote independence, challenge their abilities and provide opportunity to discover his or her potential in a safe, positive environment.

Our program serves individuals with unique abilities, ages 8 to senior adult. Our activities are specifically designed to meet the needs for individuals with: Down syndrome, Autism Spectrum Disorders, developmental delays, intellectual challenges, blind/visual impairments, deaf/hearing impairments, physical disabilities or mental disorders.

CAMP COST: \$600.00 per camp session (this includes the \$150.00 Non-Refundable Registration Fee)

Camper Registration Requirements:

- 2018 Completed Camper Application (pages 1- 9)**
*All paperwork must be filled out completely and signed.
- Submission of Non-Refundable Registration Fee - \$150.00** - Check, Money Order or Credit Card by phone
Payable to: Colorado Lions Camp
Please complete the enclosed Campership Application Form if you are in need of financial assistance.
- Camp Physical Examination Form:** Physicals completed no later than **12 MONTHS** prior to your selected camp date will be accepted. The physical must be signed by a physician and can be on CLC's camp form, another camp form provided by the physician's office. Physicals **MUST ARRIVE NO LATER THAN TWO WEEKS PRIOR to the camp session you are accepted to.**

*Please note, we **CAN NOT** reserve your spot at camp without your registration fee or confirmed application. Also, please be advised that all applications will be accepted on a first come, first serve basis. There are a limited amount of spaces for each session available. Once these spots have been filled, the session will be closed.*

Please welcome, Scott Durham as our new year round Camp Director. Scott has an extensive background in camp administration and education, and is excited for the opportunity to work with the CLC staff & campers to provide the best summer experience yet!

Please call the camp at 719-687-2087 for more information. We look forward to sharing an exciting summer with you!

Yours in Camping,

Colorado Lions Camp

CAMPER ELIGIBILITY POLICY

Colorado Lions Camp seeks to serve all qualified individuals with disabilities who meet the essential eligibility requirements enumerated below. These criteria are necessary to ensure not only the safety of participating campers, but also their ability to receive the maximum benefits of the camp program for which they have applied. All acceptances of applications are conditional. Specifically, CLC reserves the right to accept or deny applications or defer admission on site or prior to attendance should it later become aware that the initial application was inaccurate or the campers health has severely declined or upon demonstration that a camper does not meet the applicable eligibility criteria. All deferrals or revocation of admission must be approved by the Camp Director.

Essential Eligibility Requirements for Camp Admission:

1. Be of appropriate age or ability for session requested.
2. Have a physical, developmental or mental disability. Please contact the camp office if you are a wheelchair user to discuss accessibility.
3. Have the ability to effectively communicate needs to their camp counselor & medical personnel.
4. Have the ability to adapt to a group living routine of camp within 24 hours of check-in, without disruption to the group living environment. This includes, but is not limited to the following: not following directions of CLC staff or causing disruption to other campers' experiences. Accommodations are dorm-style sleeping quarters with no private rooms. Campers are expected not to disturb others during quiet hours of overnight sleep and rest time.
5. Applicant will be required to possess basic independent living skills such as: self-feeding, showering, dressing & toiling. Applicant must be continent & have the ability to maintain bowel routine. Our program is designed to meet the needs of our campers based on a 4:1 camper to counselor ratio. **We are not equipped to provide 1:1 assistance/supervision.**
6. Is not abusive toward him/herself or others, i.e. does not physically, verbally, or sexually abuse self or others. Abuse may include hitting, biting, scratching, spitting, kicking, excessive swearing, excessive or inappropriate yelling or verbal degradation, inappropriate touching or fondling or other inappropriate behavior.
7. Does not have a medical condition or impairment that has a substantial risk or likelihood for complication or injury or requires specialized medical treatment (i.e. intravenous infusions, tube feeding, a communicable disease or condition).
8. Has ability to eat or drink amounts adequate for nutritional support & agrees to & accepts personal prescription medication from camp medical personnel.

Each camp session has a theme and activities which are designed to meet the needs of the campers we serve to include the participation of all campers despite their physical, emotional or developmental challenges. By maintaining a low camper to staff ratio, we can focus on each camper's strengths and potential. Activities include: Horseback Riding, Arts & Crafts, Swimming, Canoeing, Archery, Fishing, Hiking, Yoga, Drum Circles, Nature Studies, Cooking Classes, Sports & Games, Ropes Course, Dances, Gardening, Campfires, Miniature Golf, Drama, Skits & Much More!

2018 CAMP SESSIONS May 27 – June 1 – Staff Training Week

Session 1	June 3-8	"The Amazing Race" (Ages 18+)
Session 2	June 10-15	"Wild, Wild West" (Ages 30+)
Session 3	June 17-22	"The Greatest Show on Earth" *Deaf, Blind & Physical Disabilities* (Ages 18+)
Session 4	June 24-29	"CLC Performing Arts Palooza" (Ages 18+)
Session 5	July 2-7	"Space is the Place" (Ages 18+)
Session 6	July 8-13	"Wet & Wild Week" (Ages 8-17)
Session 7	July 15-20	"Survivor Week" (Ages 18-30)
Session 8	July 22-27	"Groovin' Through the Decades (Ages 30+)
Session 9	July 29 – August 3	"Islands of Adventure" (Ages 18+). This session is for highly independent campers who require minimal support. Camper to staff ratios will be higher this week.

Letter of Confirmation

Upon receipt and approval of application, a letter of confirmation will be mailed to the applicant and/or parent/caregiver. Please notify the camp immediately in the event of cancellation or if there is a conflict with the assigned session. If your application is not approved, you will be notified directly by the camp office. Please do **NOT** wait to have the Camp Physical Examination Form filled out. You may mail/fax your application to our camp office upon completion. (Fax# 719-687-7435) If the 1st choice that you have applied for is full, you will be placed on a waiting list or placed in your 2nd choice. All parties will be notified in reference to any updates or changes to the assigned camp session.



COLORADO LIONS CAMP
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 (719) 687-2087
 Fax# (719) 687-7435
 Email: coloradolionscamp@msn.com
 Website: www.coloradolionscamp.org

For Office Use Only:
 Application Rec'd _____ Approved by _____
 Deposit Rec'd _____ Week _____
 Campership _____ Missing Pgs _____
 Amount Due _____
 Name Tag _____ Nurse _____ Entered _____
 Conf. Pkt. Sent _____

Summer Camp Application

All pages 1 - 9 of the application MUST be completed and returned to our office for registration. Applications are processed on a first come, first served basis. **DO NOT** wait for Camp Physical Examination Form to be completed before sending in your application. Many of our weeks fill up quickly and you may not be placed in your first choice.

Camper's Name _____ Nickname _____

Camper's Mailing Address _____

City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ Sex: M / F Returning camper? Yes or No T-Shirt Size _____

Name of Camper's Legal Guardian: _____ (Self, Parent, Agency, Other: _____)

Parent or Caregiver/Group Home Name and Address _____

Phone Number: Home: (____) _____ Work: (____) _____

Parent's Employer Name & Address _____

Camper lives with: independently parents group home host home foster family

How do you wish to receive camp confirmation? (please circle) Mail (Camper address or agency) Email or Fax
 Email (Parent/Caregiver/Agency) _____ Fax: _____

Agency Name and Mailing Address _____

#1 Emergency Contact Information

(Must be someone OTHER than above listed parent/guardian)

Name _____ Relationship _____

Phone _____

Anyone not authorized to pick up camper: _____

Has camper ever attended a different camp before? Yes or No If yes, name of camp: _____

How did you hear about Colorado Lions Camp? _____

Choice of Camp Session: First _____ Second _____

Refer to previous page for a complete listing of all summer camp sessions and themes.

PAYMENT INFORMATION: (This portion must be filled out for ALL campers.)

- * Camp costs \$600.00. The \$150.00 non-refundable registration fee is part of the total camp fee.
- * Full payment is due by the start of the session, unless a CCB, Agency, or Lions Club has agreed to pay the full camp fee.
- * CLC accepts credit card payments for full camp fees. Call the camp office to pay with card.
- * Failure to contact the camp prior to the start of the scheduled camp session will result in the forfeit of all fees.
- * No refunds will be made if the camper leaves camp because of behavior problems, illness, or other reasons by the Executive Director.

The Camper's fee will be paid by (please fill in all that apply):

\$ _____ Parents/Self \$ _____ Lions Club \$ _____ Agency/CCB \$ _____ SLS or CES Waiver \$ _____ Campership

ALL SLS & CES WAIVERS MUST HAVE PRIOR AUTHORIZATION FROM THE AGENCY

If CCB or Agency will be paying, please fill out the following information completely:

Name of Agency/CCB: _____ Contact Person: _____

Phone Number: _____

The Colorado Lions Camp is licensed through the Department of Human Services, and as the licensing agency, they require the following information. The Civil Rights Act of 1964 prohibits the discrimination based on race, color, religion, sex, nor national origin. This information will not be used to determine the eligibility of your camper.

Ethnic Heritage: (circle one) Asian Hispanic Black Native American White Other _____

Camper Name _____

CAMPER QUESTIONNAIRE

Please provide as much detail as possible so that our staff can best meet the needs of the camper. This questionnaire must be completed before the application can be approved. If there are any changes after submission of the application, please contact our office directly.

Primary Diagnosis _____ Secondary Diagnosis _____

Please list any additional diagnosis or current medical conditions we need to be aware of: _____

Is the camper's mental and functional age different than their actual age? Yes or No

*If Yes, what is their mental age? _____ What is their functional age? _____

Please use the following space to explain: _____

Does the camper have medically diagnosed seizures? Yes or No

If Yes, Seizure Type: _____ Frequency: _____

Date of Last Seizure: _____ Triggers: _____ Medication: _____

Please indicate if there is a seizure plan in place that may include a Vagus Nerve Stimulator or Emergency medication?

Does the camper have a cardiac condition? Yes or No _____

Does the camper have respiratory problems? Yes or No If Yes, will inhaler be provided? _____

Does the camper use oxygen? (must supply own Oxygen) Yes or No If Yes, PRN 24 hours Night (circle one)

Does the camper fatigue easily? Yes or No _____

Does the camper have any medically diagnosed allergies? Yes or No _____

Does the camper have an allergy that requires an Epi Pen? Yes or No If Yes, will the Epi Pen be provided? _____

Does the camper have any of the following allergies? Food Environmental Medication Digesting Airborne

If Yes, please use the following space to explain: _____

Is the camper sensitive to the heat or the sun? If yes, please explain.

Does the camper suffer altitude sickness? If yes, please explain.

Does the camper struggle with sensory processing? If yes, please explain.

Behavior/Social Interaction (please check all that apply or have occurred within the past year)

NO HISTORY	Destructive	Self-Abusive	Inappropriate Sexual Behaviors
Gets upset easily	Physically Aggressive	Invades Space	Sexually Aggressive
Pulls hair	Threatens	Wanders/Runs Away	Sexually Passive
Hits/Scratches others	Curses/Verbally Abusive	Screams	Other:
Bites	Lies or Steals	Bangs Head	

How often do these behaviors occur? (Please circle)

Seldom (1x or less per month) **Often (1x or less per week)** **Frequently (more than 1x per week)** **Daily**

Does the camper have a behavior management or safety plan in place? Yes or No (If Yes, please submit copy with application)

Has the camper been separated from home before? Yes or No

Does the camper wander away from groups? Yes or No

Has the camper ever run away from home/school? Yes or No

Does the camper have unusual fears? Yes or No

Are there any precautions you wish to have observed at camp? Yes or No

Does the camper have dangerous tendencies that could result in harm to self? Yes or No

Does the camper have dangerous tendencies that could result in harm to other campers or staff? Yes or No

If you answered Yes to any of the above questions, please use the following space to explain:

What usually triggers challenging behavior? _____
Please explain how the camper's challenging behavior is handled.(i.e. positive reinforcements, calming activities, rewards the camper likes to work towards) _____

Camper Name: _____

During the past year, has the camper seen or is currently seeing a professional to address mental/emotional health concerns?
 Yes or No If Yes, please give a brief plan of care camper is following: _____

Has the camper had a significant life event (death of a loved one, family change, group home change, trauma, etc) that has occurred in the last year? Yes or No If yes, please specify and give additional detail as needed: _____

Personal Care Needs:

Toileting/Showering & Dressing <i>(please check all that apply)</i>	Independently	With Verbal Cues	Some Assistance	Total Assistance
Uses Toilet* (see below)				
*We understand that toileting accidents occur. Please circle frequency: Never Rarely Occasionally Frequently *Camper must be continent. Depends are okay, but camper must be able to change and cleanup <u>without assistance</u>.				
Menstrual Care				
Shampooing/Soaping/Shaving				
Hair Care				
Brushing Teeth				
Dressing				
Misc. Ointments, Eye Drops, etc.				

Communication: *(circle all that apply)* VERBAL NON-VERBAL SIGN LANGUAGE GESTURES
 READS LIPS ASSISTIVE DEVICES HEARING LIMITATIONS

Specific Eating Requirements: *(circle all that apply)*
 No assistance Some assistance Food needs to be cut Diabetic diet Gluten-free diet Lactose Intolerant
 Does the camper have any special dietary requirements? _____

Mobility: The camp is built on the side of a mountain, and the camper dorms are uphill from the Main Lodge. Can the camper walk up or maneuver the hill? Yes or No Comments: _____
 Does the camper have any injuries or physical limitations? Yes or No If Yes, please explain: _____

Does the camper use a walker/walking cane? Yes or No Comments: _____

Does the camper use a wheelchair? Yes or No If Yes, is it **power** or **manual** - **independent** or **needs assistance** - **transfer independently** or **needs assistance** Comments: _____

Can the camper sleep on the top bunk? Yes or No If No, please explain: _____

*Bottom bunks are assigned on a first-come, first-serve basis, with those with oxygen and specific medical needs taking first priority. If camper is unable to sleep on top bunk, and bottom bunks are full, you may be placed in another week to accommodate your request.

CAMP ACTIVITIES:

Can Camper participate in the following activities? (Please Circle)

SWIMMING POOL: YES NO (There is a shallow end of pool and lifeguard on-duty)	HORSEBACK RIDING: YES NO (The horses are led around by wranglers and camp staff) Camper's weight must not exceed 225 lbs. in order to participate
LOW-ROPES COURSE: YES NO	HIGH-ROPES COURSE: YES NO
ARCHERY: YES NO	CANOEING: YES NO
NATURE HIKING: YES NO	SPORTS & GAMES: YES NO

Camper Name _____

MEDICATIONS: (TO BE FILLED OUT BY PARENT/GUARDIAN/AGENCY)

Colorado State Law and Regulations require a written medication order from an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician’s assistant) for the nurse or designated trained personnel to administer medication. Please provide complete information on all medications, including prescription and non-prescription medications, dietary supplements, and homeopathic remedies.

Nonprescription, dietary supplements and homeopathic remedies will NOT be given at camp unless prescribed by a physician.

PLEASE CHECK ONE OF THE FOLLOWING:

- Camper takes no medication
- Camper takes daily medication as follows: **standard camp medication times are listed in the chart below. Please complete the chart with accurate and current medication information or attach a copy of the MAR Form.**

MEDICATION SHEET (PLEASE PRINT CLEARLY)

Any attachments must clearly state the medication, dosage, and reason for use and the time meds must be given.

Medication	Dosage	Reason for Use	8:00am	12:00pm	3:30pm	6:00pm	8:30pm	Other
			Breakfast	Lunch	Snack	Dinner	Bedtime	

Does the camper experience any side effects from the above medications? Yes or No If Yes, please explain: _____

PERSONS CHECKING-IN CAMPERS must be able to answer questions regarding camper’s medication, special diets, behaviors and medical equipment.

INSURANCE INFORMATION:

PLEASE ATTACH A COPY OF INSURANCE/MEDICAID/MEDICARE CARD

Health Insurance Company (if no insurance, please write none) _____
 Co. Address _____ Telephone _____
 Policy # _____ Certificate # _____
 Name of Insured _____ Company Name _____

By signing this application, I agree that the information included throughout is complete and true to the best of my knowledge. If there are any changes to medication or condition of participant I agree to notify Colorado Lions Camp at least 2 weeks prior to camp session the participant will be attending.

Form completed by: _____ (printed name) _____ (signature)
Relationship to Camper: _____ **Date:** ____ / ____ / ____

PARENT/LEGAL GUARDIAN/AGENCY AGREEMENT

REQUIRED – Signature of applicant, if legally represents self; parent, legal guardian or authorized agency

Please read the following statements carefully and sign your name to each.

I hereby give consent for the camper named above, to participate in all Colorado Lions Camp sponsored programs and supervised activities. I certify that the information on the application is true, accurate, and complete. CLC emphasizes safety first; however, participation in CLC programs has inherent risks that may result in injury.

ACCEPTANCE CONDITIONS

The Colorado Lions Camp reserves the right to refuse to provide services to any individual if the camp staff determines that the individual cannot be provided with adequate support by CLC. These decisions are made on an individual basis, by the Executive Director, Camp Director and/or Nurse. Parents/Guardians/Agencies will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral problem. The separate Camp Physical Examination Form which must be completed and signed by a licensed physician, must indicate that there is no evidence of any condition that might present health or safety risks to the camper, other campers or staff members.

Applications and Medical Paperwork must be submitted annually.

I agree to the acceptance conditions above. Should it become necessary for my camper to leave camp, or any Colorado Lions Camp function, for any reason, I will make provisions to bring the camper home. I hereby certify that to the best of my knowledge, all the information contained in this application is true and complete. I hereby authorize the release of any and all pertinent information regarding this camper to the Colorado Lions Camp. I agree to notify CLC of any changes that need to be made in this application before camp begins.

Name: _____ Signature: _____

Relationship to Camper: _____ Date: _____

ASSUMPTION OF RISK

I, _____ (Parent/Guardian/Agency), of _____ (camper), who desires to participate in the activities offered and organized by the Colorado Lions Camp, hereby acknowledge that I am aware of potential, significant risks associated with participation in camp, including, without limitation, the risk of serious bodily injury or death. On behalf of myself, the agency, my spouse and my successors, I willingly assume such risks. By signing this document I am providing a clear, written expression of my agreement to assume all of the risks and dangers my camper may encounter at camp.

Yes or No Parent/Guardian/Agency: _____

PERSONAL PROPERTY

I, _____ (Parent/Guardian/Agency) recognize that the Colorado Lions Camp cannot accept responsibility for camper’s personal property. To help eliminate losses, the undersigned ensures that all clothing is labeled with camper’s name and a list of belongings has been included in luggage. This includes clothing, bedding, personal care items, electronics and equipment.

Yes or No Parent/Guardian/Agency: _____

MEDICAL RELEASE

I, _____ (Parent/Guardian/Agency), authorize that in the event that an emergency should arise while _____ (camper) is at, going or returning from, camp requiring medical or surgical care or treatment, the Colorado Lions Camp staff may select and designate nurses, physicians and surgeons to furnish such medial and/or surgical care as, in the judgement of a physician and/or surgeon holding a physician’s certificate issued by the Board of Medical Examiners of the State of Colorado, may be needed and proper. I authorize the CLC staff to render any aid and assistance to my camper, and to administer medication to my camper. I authorize the camp medical staff to dispense medications. I agree that medications for life threatening conditions (e.i., EpiPen, inhaler), will be carried by a camp staff member and I authorize their use for my camper as needed. I agree to pay for any prescribed medication or treatment my camper may need. I release and absolve the Colorado Lions Camp, nurses, physicians and surgeons elected and designated by them, from any and all liability for their acts rendered in good faith. **Parents/Guardians/Agencies will be notified immediately of any treatment sought.**

Parent/Guardian/Agency Signature: _____

Camper Name _____

MEDIA RELEASE

The Colorado Lions Camp uses photographs, images or recordings of campers for publication in brochures, email, website, Facebook, social media and various other media to promote services or to recruit volunteers and staff. The camper named above **MAY be included** in these promotional materials unless you contact the camp directly.

Yes or No Parent/Guardian/Agency: _____

CAMP SLIDESHOW ON PHOTO WEBSITE WITH LIMITED ACCESS

We will be offering the Friday Camp Slideshow on a photo website that requires a personal login and password. The undersigned does hereby give consent to the Colorado Lions Camp to use photographs of said camper in the Camp Slideshow.

Yes or No Parent/Guardian/Agency: _____

RELEASE OF INFORMATION

I authorize release of any medical information requested by representatives of local, state or federal agencies, insurance companies or other organizations as may be required for payment of claims.

Parent/Guardian/Agency Signature: _____

ASSIGNMENT OF BENEFITS

If a Medicare patient, I certify that the information given by me in applying for payment under TITLE XVII of the Social Security Act is correct. I request the payment of authorized benefits be made in my behalf. (Please Skip if **Not Applicable**)

Parent/Guardian/Agency Signature: _____

NOTICE OF PRIVACY

In accordance with the Health Insurance Portability and Accountability Act (HIPPA) of 1996, clients of Colorado Lions Camp are entitled to the greatest degree of privacy possible. Colorado Lions Camp will strive to ensure that client information is used only for the authorized purpose as agreed to by the client.

Parent/Guardian/Agency Signature: _____

RELEASE AND WAIVER

In consideration of the permission granted by the Colorado Lions Camp for _____ (camper) to participate in activities at camp I, _____ (Parent, Guardian, Agency), hereby agree to release and discharge the organization, its officers, agents and employees from all claims, demands, actions or causes of action, which the camper, his or her personal representatives, heir and next of kin may or might have against the Colorado Lions Camp, its officers, agents and employees on account of injury to or death of the camper, or damage to the property of the camper arising out of the camper's participation in activities at camp. I further agree to indemnify and hold harmless the Colorado Lions Camp from any loss, liability, damage or costs that may be incurred due to the acts of the camper using the camper's participation in activities at camp.

Yes or No Parent/Guardian/Agency: _____

Camper Name: _____ Session: _____

COLORADO LIONS CAMP
Ropes Course Consent and Liability Release

THIS IS A RELEASE OF LIABILITY. PLEASE READ BEFORE SIGNING. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH THE TERMS LISTED.

1. I have asked to participate in the Colorado Lions Camp Ropes/Challenge Course. I understand that high and low elements on the rope course may be strenuous and should not be performed by persons with heart or cardiovascular ailments or other serious illness.
2. I understand that low and high ropes course activities include the risk of falls, encounters with manmade and natural obstacles or conditions, and equipment failure may result in personal injury, death, and property damage.
3. I understand that participation in high ropes course activities include the use of ropes and other climbing equipment. I understand the use of this equipment carries with it the risk of equipment failure and out of necessity requires a participant to rely on cooperation, skill, and ability of other participants which can result in personal injury, including death and property damage.
4. I do hereby agree to indemnify and hold the Colorado Lions Camp and its employees harmless from any and all damages. This includes claims, expenses, or costs of whatever nature, causes of action, suits, and liability of every kind including attorney's fees. This covers injury to or death of camper or for damage to any property arising out of or in connection with the use of the Colorado Lions Camp facilities and/or Ropes/Challenge course.
5. I further agree on my own behalf and on the behalf of my camper to hold Colorado Lions Camp, its employees harmless and to indemnify them of the following: personal injuries and property damage to others, resulting from my own participation or my camper's participation in the Colorado Lions Camp Ropes/Challenge course.
6. I understand that the signature of the parent or guardian of a minor child on this agreement shall make all provisions of this release and agreement applicable to and binding on the minor child. This agreement shall be legally binding upon heirs, assigned legal guardians, personal representatives, and me.
 - I have carefully read this agreement and understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this agreement on behalf of myself, and/or my camper of my own free will.
 - I decline for participation in the high or low ropes course.

Parent/Legal Guardian/Agency Signature

Camper Signature

Date

Date

Camper Name: _____ Session: _____

Quaker Ridge Camp & Conference Center

Horseback Riding Activity Consent & Release Form

I consent for the camper listed below to participate in any ministry, recreational, or other activity at the Quaker Ridge Camp and Conference Center and to use the Camp facilities.

I understand that participating in these activities and using these facilities may involve some inherent risks. Nevertheless, I want my camper to have the opportunity to participate in the activities and enjoy the facilities of the Camp.

Waiver, Release, and Indemnification – In return for the opportunity for my camper to participate in Camp activities and use Camp facilities, I, individually, and in my capacity as parent, guardian, or agency of the camper listed below, waive, release, indemnify, and promise not to sue the Camp and any of its agents, directors, officers, ministers, employees, and volunteers (collectively, “Released Parties”) from all demands, claims, or liability, in law or in equity, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage to or loss of my property or the property of my camper, or any injury to my camper. This release applies to any property damage or injury resulting from horseback riding; hiking; intentional or unintentional interactions with domestic animals or wildlife, including pests or insects; ropes adventure activities; fishing; weather or any other act of God; or any other activity related to the Camp experience. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or reckless and intentional acts.

This release is revocable, prospectively only, by a writing signed by me that bears the date that the revocation is delivered to the Camp.

- I have carefully read this agreement and understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this agreement on behalf of myself, and/or my camper of my own free will.
- I decline for participation in horseback riding.

Parent/Legal Guardian/Agency Signature

Camper Signature

Date

Date

**COLORADO LIONS CAMP
PARENT/GUARDIAN/AGENCY CHECKLIST**

PLEASE READ AND INITIAL ALL THE FOLLOWING LINES AND RETURN WITH APPLICATION:

The camper application and camper questionnaire forms are **completely** filled out and signed by the Parent/Legal Guardian/Agency. Please note that these forms should be forwarded to the camp as soon as possible to reserve your preferred camp date. INITIAL _____

The **Camp Physical Examination Form** is completely filled out and signed by an authorized Physician within 12 months of the camp session. The Camp Physical Examination Form must be returned **TWO WEEKS** prior to camp. **Failure to return the Camp Physical Examination Form may result in the camper being dropped from the camp session and no refund for the registration fee of \$150.00.** INITIAL _____

I understand that all medications/vitamins/supplements **MUST** be pre-poured into a med minder box by a Parent/Legal Guardian/Agency. I must bring the original bottles with one pill in the original container and/or complete bubble pack with remaining pills (this includes vitamin & supplements.) Any changes in medication times or dosage or if it differs from the prescription bottle/bubble pack, it must be verified by the physician in writing or the Camp Nurse **WILL REFUSE** to administer it. Any medication not accompanied by the original prescription bottle/bubble pack will not be accepted. A signed **RELEASE OF LIABILITY FOR THE ADMINISTRATION OF PRE-POURED MEDICATIONS FORM** by the individual who pre-poured the medications must be provided to the Camp Nurse during check-in. Nonprescription, dietary supplements and homeopathic remedies will **NOT** be given at camp unless they have been approved by a physician. INITIAL _____

I understand that the Colorado Lions Camp does **NOT** provide **1:1 supervision** during our camp sessions. In the event it is determined that the camp program is not equipped to properly meet the needs of the camper (medically or behaviorally) the camp may require me to pick up the camper before the end of the scheduled session. **No refunds will be made due to an early departure for inappropriate behavior issues.** INITIAL _____

If cancellations are not made prior to the beginning of the camper's scheduled session, the registration fee of \$150.00 will be forfeited and will be non-refundable. INITIAL _____

CHECK-IN: is **Sunday** between the hours of **2:00 p.m. and 5:00 p.m.** A parent/guardian/agency will be required to assist the camper and remain with the camper(s) during the entire check-in process. INITIAL _____

CHECK-OUT: is **Friday by 1:00 p.m. for all campers.** Parent/Legal Guardian/Agencies are encouraged to attend the Camp Awards Ceremony and lunch on Friday, beginning at 12:00pm. **All early pickups must be prearranged. LATE PICKUPS WILL BE CHARGED \$25/HOUR TO COVER ADDITIONAL STAFF COSTS. Please plan accordingly.** INITIAL _____

I understand that upon receipt of the camper's application, Camp Physical Examination Form and the review/approval by the Camp Director and Camp Nurse, I will receive a confirmation packet with additional camp session details. In the event the Camp Director or Camp Nurse needs additional information, I will be contacted directly to discuss. INITIAL _____

Printed Name & Relationship to Camper: _____

Signature _____ **Date** _____



Colorado Lions Camp Campership Application

Please complete in its entirety to be considered for financial assistance from funding through Lions Club Camperships. Financial requests MUST accompany the initial camp application.

Colorado Lions Camp receives campership funding through Lions Clubs throughout the state of Colorado and from a variety of grants and fundraising opportunities. Unfortunately, as the actual cost of camp continues to increase, our funding continues to decrease. Our week at camp costs campers \$600, but our actual cost is \$950 for a camper to attend a one week camp session.

Camperships will be provided on a first-come, first-serve basis to those eligible for financial assistance. Campers are eligible to receive assistance for one camp session each summer.

What we need from you:

1. Completed application, including all the financial information for those who are asking for financial assistance.
2. Please make a copy of your most recent W2, 1099, tax refund, SSDI, SS, and or Medicare statement. Something that shows your income and eligibility needs.

Camper's Name: _____ Age: _____ Sex: M or F

Parent/Caregiver Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Has Camper attended Lions Camp Before? _____ Camper Referred by: _____

Sessions Requested: _____
First Choice Second Choice

***Due to the limited number of camperships available, we ask that each camper be able to cover the first \$150 (application fee) or more to help stretch our campership funds. Payment plans are available and encouraged. In addition, we encourage you to contact your local churches or civic groups to financially assist.**

Total amount you are able to contribute towards the cost of camp? _____

1. Does the camper live with parents, family member, group home, host home, or on own? _____
2. Is the camper over 21 years of age and his/her income is SS or SSDI? _____
3. Will the camper be using SLS or CES Waiver funds to cover camp? _____ If yes, how much? _____

Provide a brief explanation of financial need. (Examples: unemployment, disability, out-of-pocket medical, etc.)

I/We verify that the above information is true and accurate.

Signature of camper/parent/caregiver/agency Date

Please Return Campership Application with completed camp application to:
Colorado Lions Camp
PO Box 9043
Woodland Park, CO 80866
719-687-2087 or Fax – 719-687-7435
Email: coloradolionscamp@msn.com or mwerner@coloradolionscamp.org

***FINANCIAL ASSISTANCE AWARDS WILL INCLUDED IN YOUR CONFIRMATION LETTER AND CAMP PACKET**



Colorado Lions Camp
 PO Box 9043
 Woodland Park, CO 80866
 coloradolionscamp@msn.com

Phone: (719) 687-2087
 Fax: (719) 687-7435

FOR OFFICE USE ONLY:
 Date Rec'd _____
 Session _____

Camp Physical Examination

This form must be completed and signed by a Licensed Physician NOT by parent or caregiver.

We request this form or a copy of a physical dated no later than **12 months** from your camp date be received in our office at least **TWO WEEKS** prior to scheduled camp session.

Name: _____ Date of Birth ____/____/____ Male ____ Female ____

Diagnosis: _____

Is any condition present, which may result in an emergency? Please describe: _____

Allergies (Drug/Food/Environmental): _____

EXAMINATION COMPLETED BY PHYSICIAN

Height:	Weight:	Mouth/Throat/Nose:
Pulse:	BP: Temp:	Neck/Thyroid & Lymph Sys:
Hearing Loss: NONE PARTIAL COMPLETE Hearing Aids Worn? Cochlear Implant?		Nervous System/Reflexes/Gait/Sensations:
Vision Loss: NONE PARTIAL COMPLETE Glasses Worn? Contacts Worn?		Bringing to camp: CPAP or Oxygen (CIRCLE) DAY NIGHT (CIRCLE)
Cardiac:		GI Distress - upper - lower (please specify)
Lungs:		Headaches:
Abdomen:		Bedwetting:
Musculoskeletal:		Incontinence – Urinary - Fecal (please specify)
Back/Spine:		Respiratory/Asthma/Emphysema (please specify)
Skin:		Sleep Apnea/COPD:
Diabetic: Insulin: YES NO Frequency of glucose monitoring:		Seizures: Type: Frequency: Last:
Mobility		Uses: WALKER CANE WHEELCHAIR

PREVIOUS ILLNESS (give age when these occurred): Chicken Pox _____ Measles _____
 Mumps _____ MRSA _____ Shingles/Herpes _____ Strep Throat _____ Hepatitis _____
 Frequent UTI _____ Frequent URI _____ Chronic Cough _____ High BP _____ Other _____

IMMUNIZATION HISTORY Please give dates (month/year) of immunizations and most recent booster dates:
 (DPT) _____ MMR _____ Polio _____ Smallpox _____ Influenza _____
 TB Test _____ Hepatitis b series _____ Tetanus _____ Type _____ **(REQUIRED)**

***Campers ages 8-21 must attach copy of current immunization record. If records are unavailable, please send statement to that effect. Statement "up-to-date" not acceptable.**

QUESTIONNAIRE

- Is camper free from communicable diseases? YES/NO If no, please describe: _____
- How would you access the applicant's current health? GOOD FAIR POOR
- Has the applicant been hospitalized or treated in the emergency room in the last year? YES NO
- If yes, please explain. _____
- Is the applicant a carrier of Hepatitis B or C has he/she been exposed to Hepatitis B or C? YES NO
- Are there medical reasons to limit or restrict this individual from participating in the following camp activities: swimming, horseback riding, supervised ropes course, hiking, and archery? _____ Any limitations? _____

Colorado State Law and Regulations require a written medication order from an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) for the nurse or designated trained personnel to administer medication. Please provide complete information on all medications, including prescription and nonprescription medications, dietary supplements, and homeopathic remedies. **Nonprescription, dietary supplements and homeopathic remedies will NOT be given at camp unless prescribed by a physician.**

Camper's Name: _____

Any changes in how the medication is given or in a dose that differ from those on the bottle must be verified by a physician in writing or the healthcare staff **WILL REFUSE** to administer it.

PLEASE CHECK ONE OF THE FOLLOWING:

- Camper takes no medication
- Camper takes daily medication as follows: **standard camp medication times are listed in the chart below. Please complete the chart with accurate and current medication information.** If camper cannot adhere to these times, please indicate alternate time and why medication must be given at that time. Please indicate number of tablets, capsules, amount of liquids, or puffs of inhalers, etc. in the box below the time medication is given.

MEDICATION SHEET
PLEASE PRINT CLEARLY

Any attachments must clearly state the medication, dosage, and reason for use and the time meds must be given.

Medication	Dosage & # of pills, puffs, liquid	Reason for Use	8:00am Breakfast	12:00pm Lunch	3:30pm Snack	6:00pm Dinner	8:30pm Bedtime	Other

Camp Nurse may administer age/weight appropriate dose of the medications listed below from approved CLC Standing Orders.

Triple Antibiotic Ointment (Neosporin)	Yes or No	Ibuprofen (Motrin/Advil)	Yes or No	Milk of Magnesia	Yes or No
Anti-diarrhea (Loperamide/Imodium)	Yes or No	Acetaminophen (Tylenol)	Yes or No	Pepto Bismol	Yes or No
Glycerin Suppository or Enema	Yes or No	Antacid (Tums/Mylanta)	Yes or No	Bug Spray	Yes or No
Diphenhydramine (Benadryl)	Yes or No	Hydrocortisone Cream	Yes or No	Sunscreen	Yes or No
Dulcolax or Bisacodyl tabs	Yes or No	EpiPen (Allergic Reactions)	Yes or No		

Does the camper experience any side effects from the above medications? YES / NO

If yes, please explain. _____

Does this camper have a diagnosis, such as Atlantoaxial Instability or any other, that will prevent him/her from participating in any activities such as climbing, horseback riding or outdoor activities? Yes or No If Yes, please explain: _____

Physician's signature: (MANDATORY) _____ **Date** _____

Physician's Name (Please Print) _____ Phone: _____

Address, City, State, Zip: _____

Name of Person Filling out Form and Title: _____