



## COLORADO LIONS CAMP

Est. 1969

Dear Camper and Caregiver,

Thank you for your interest in the Colorado Lions Camp! There is always something new to experience at the Colorado Lions Camp. The Colorado Lions Camp is a place where campers can participate in a variety of recreational activities, make lasting friendships, and explore something new!

**The Mission of the Colorado Lions Camp** is to provide exceptional camping programs to individuals with varying abilities that promote independence, challenge their abilities, and provide an opportunity to discover their potential in a safe, positive environment.

Our program serves individuals with unique abilities, ages 8 to senior adults. Our activities are specifically designed to meet the needs of individuals with Down Syndrome, Autism Spectrum Disorders, Developmental Delays, Intellectual challenges, Blind or Vision Impairments, Deaf or hard-of-hearing, Physical Disabilities, or mental disorders.

### Program Outline:

- ❖ Colorado Lions Camp (CLC) offers 8 weeks of residential summer camp.
- ❖ All applications will be reviewed and accepted on a first-come/first-served basis. There is a limited number of spaces available for each session. Once these spots have been filled, the session will be closed.
- ❖ Weekly camp themes will be celebrated in each session. Please feel free to send campers with appropriate costumes, hats, or shirts that align with the weekly themes.
- ❖ Cell Phone Policy: CLC requests that no cell phones be brought to camp. If your camper would like to take pictures, please send them with a camera. If cell phones are being used during camp time, CLC camp administration is authorized to collect the phone and return it to the camper during the check-out day.
- ❖ **Check-in times will be assigned and mailed to you on your confirmation sheet.**
- ❖ **Summer Business Hours:** Monday - Friday 8 am-4 pm. If we are unreachable, please leave a message and we'll get back to you by the next business day.

We look forward to sharing an awesome summer with you!

Yours in camping,

*Colorado Lions Camp*



## **Camp Information**

**Please read it in its entirety.**

The following policies and procedures have been implemented by the Colorado Lions Camp over the past few years and are requirements for participants attending Summer and Respite Camp programs. These changes follow state regulations and American Camp Association accreditation standards. Our goal is to provide programs that are of the highest quality and incorporate best practices in all areas of our operations.

**Please note: if any of these steps are not completed before check-in day, your camper will not be permitted to attend the scheduled camp program. No exceptions.**

### **Camper Registration Requirements:**

- ❖ **Application:** The completed Camper Application (pages 1-8) must be filled out completely and signed by the camper or authorized guardian.
- ❖ **Camp Physicals:** Physicals must be completed within 12 months before your selected camp date. Expired physicals will not be accepted. The camp physical must be signed by a licensed physician on the CLC's Camp Physical Exemption Form. **Physicals must arrive no later than two weeks before the beginning of the scheduled camp session.**
- ❖ **Camp Cost:** \$750.00 per camp session (this includes the \$300.00 non-refundable registration fee).
  - **Deposit:** Your enrollment will not be complete until we have received the deposit of \$300.00, or payment arrangements have been made with our office. Payments can be made by check, money order, or credit card by phone. Please make checks payable to Colorado Lions Camp.
- ❖ **Special Diets:** Campers with special dietary needs (gluten-free, dairy-free, diabetic, etc.) will be served an alternative menu from the CLC kitchen at no extra cost. Notice of the camper's special diet is required to ensure that we have items that will meet the camper's needs. You may also bring your food for the week
- ❖ **Due Date:** All forms, such as physicals, payments, and service plans, are due two weeks before the camp session you will be attending.

### **Camperships:**

- ❖ All Campership requests must be filled out completely (this includes the necessary financial documents to support the need for financial assistance). These documents must be returned with the Camp Application.
- ❖ If the camper receives services through an agency, the agency must be contacted first to see if funding is available before a campership will be considered.
- ❖ CLC is a Medicaid/First Health provider, and in many cases, the cost of the camp can be worked into the camper's service plan. If this is the case, a copy of the service plan will need to be submitted to the camp office before the scheduled camp session. **No exceptions.**
- ❖ Due to the high volume of campership requests, and in hopes to provide for as many campers as possible, only one campership per camper per season will be awarded as resources are available. Any additional sessions the camper chooses to sign up for will need to be self-paid.

**Cancellation Policy:**

- ❖ All payments except for the camp deposit will be refunded if notice is received from the Colorado Lions Camp office more than fifteen days before the applicant's session. If less than fifteen days' notice is received, there will be no refund. Promptly notify the camp in the event of a cancellation.

**Letter of Confirmation:**

- ❖ Upon receipt and approval of an application, a letter of confirmation will be mailed to the applicant and 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 or email your application to our camp office upon completion. If the first-choice session that you have applied for is full, you will be placed on a waiting list or placed in your second-choice session. All parties will be notified about any updates or changes to the assigned camp session.

**Check-In:**

- ❖ Check-in times will be mailed to you in your confirmation packet. Please do not arrive before your set check-in time.
- ❖ Please allow an hour for the camper check-in process. CLC staff are extremely detailed and thorough to ensure that we collect all of the pertinent information to best meet the needs of the campers attending the program.
- ❖ A parent/guardian/caregiver must be present for the entire check-in process. **Transporters who have no signing authority are not permitted to represent the camper during this process.**

**Check-Out:**

- ❖ **All campers must be picked up by 12 pm on Friday; the CLC late fee is \$100.00 per hour.** Please contact the camp office in the event you have an emergency resulting in late pickup.
- ❖ At this time, campers will receive unused trading post money and receipts of purchases, cabin photos if purchased, medications, and any incident reports from the week.
- ❖ All CLC campers are required to check out with the camp nurse before departure, regardless if the camper did/did not have medications.

Each camp session has a theme and activities that are designed to meet the needs of the campers we serve. By maintaining a low camper-to-staff ratio, we can focus on each camper's strengths and potential. Activities include arts and crafts, swimming, archery, hiking, yoga, nature studies, cooking classes, sports and games, ropes courses, gardening, drama, hammock village, and much more!

## **Camper Eligibility Policy**

Colorado Lions Camp seeks to serve individuals with disabilities who meet the eligibility requirements below. These criteria are necessary to ensure not only the safety of the 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 before attendance, should it later become aware that the initial application was inaccurate, the camper's health has severely declined, or upon demonstration that a camper does not meet the applicable eligibility criteria. All deferrals or revocations of admission must be approved by the Executive Director.

### **Essential Eligibility Requirements for Camp Admission:**

- ❖ Be of the appropriate age or ability for the session requests.
- ❖ Have a physical, developmental, or mental disability. Please contact the camp office if you are a wheelchair user to discuss accessibility.
- ❖ Have the ability to effectively communicate needs to their camp counselor and medical personnel.
- ❖ Have the ability to live in a group setting 24 hours a day without disruption to the living environment. Campers live in dorm-style sleeping areas with no private rooms. Campers are expected not to disturb other campers during quiet hours/sleeping hours, listen to staff instructions, and not cause disruption to other campers' experiences.
- ❖ Applicants will be required to possess basic independent living skills such as: self-feeding, showering, dressing, and toileting. Applicants must be continent and have the ability to maintain a bowel routine. Our program is designed to meet the needs of our campers based on a 1:4 counselor-to-camper ratio. We are not equipped to provide 1:1 assistance/supervision in a group setting.
- ❖ Is not abusive toward themselves or others, i.e., does not physically, verbally, or sexually abuse self or others. Abuse includes, but is not limited to, inappropriate touching or fondling, etc.
- ❖ 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).
- ❖ Oxygen can only be used at bedtime during the camper's stay; campers cannot be on oxygen 24/7.
- ❖ Has the ability to eat or drink amounts adequate for nutritional support and agrees to and accepts personal prescription medication from camp medical personnel.

If the camper is attending the 1:1/1:2 week of camp, the eligibility looks different than what is listed above.

## COLORADO LIONS CAMP

### SUMMER CAMP THEMES 2026

Camp themes are a fun way to encourage camp spirit, generate excitement, and offer a fresh set of experiences for campers to enjoy. Please note that all regularly scheduled camp activities will still be offered throughout the week, and we encourage campers to bring props and costumes for the theme-based dress-up days. We look forward to seeing you this summer!

<b>Session #1 June 7-12</b> <b>(AGES 18+)</b>	<b>“Under the Sea”</b> We are going underwater! Get ready to explore and have fun below the surface!
<b>Session #2 June 14-19</b> <b>(AGES 18+)</b>	<b>“Disney World”</b> Be our guest and join us for a fun week filled with musicals, characters, and your favorite Disney moments!
<b>Session #3 June 21-26</b> <b>(AGES 18+)</b>	<b>“The Great Outdoors” (1:1/1:2 ratio).</b> Bring your hiking shoes and backpacks as we discover the wilderness! <b>This week is intended for campers who need 1:1/1:2 support. If that is not your camper, please look at a different week.</b>
<b>Session #4 June 28-July 3</b> <b>(AGES 18+)</b>	<b>“Spirit Week ”</b> 3-2-1 bring your favorite team for the week and your spirit and love of camp to enjoy some fun games with your friends!
<b>Session #5 July 5-10</b> <b>(AGES 18+)</b>	<b>“Around the World”</b> Get your passport stamped! We are traveling to the 7 continents and exploring what they have to offer!
<b>Session #6 July 12-17</b> <b>KIDS WEEK (AGES 8-17)</b>	<b>“Color Wars”</b> Ready, Set, Go! Pack that suitcase with red, blue, green, and yellow for the week and compete in some tough color wars competition!
<b>Session #7 -July 19-24</b> <b>(AGES 18-40)</b>	<b>“Go for the Gold!”</b> Let's cheer on our friends for a great competition week! Bring red, blue, green, or yellow to divide up in teams and bring home the Gold!
<b>Session #8 - August 2-7</b> <b>(AGES 18+)</b>	<b>“How the West was Won”</b> Saddle up and ride into the camp sunset! We will enjoy the campfires and cowboy tales. <b>This week is intended for campers who can be in higher ratio groups.</b>

**WE ARE LOOKING FORWARD TO AN AWESOME SUMMER! SEE YOU SOON!**

## Summer Camp Application

All pages 1-8 of the application must be completed and returned to our office for registration. Applications are processed on a first-come, first-served basis.

Camper's Name: \_\_\_\_\_ Returning Camper? Yes or No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex M / F T-Shirt Size: \_\_\_\_\_

Camper's Legal Guardian: \_\_\_\_\_ Circle One: Self Parent Agency Other: \_\_\_\_\_

Guardian Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ 2nd Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ 2nd Email: \_\_\_\_\_

Camper lives with (Circle One): Independently Family Host Home Group Home Foster Family

### Emergency Contact #1

(Someone other than those listed above)

Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency Contact #2

(Someone other than those listed above)

Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_

Anyone not authorized to pick up the Camper? \_\_\_\_\_

Has the camper ever attended a different camp before: Yes No If yes, name of camp: \_\_\_\_\_

How did you hear about CLC? \_\_\_\_\_

Choice of camp sessions First: \_\_\_\_\_ Second: \_\_\_\_\_

The Civil Rights Act of 1964 prohibits discrimination based on race, color, religion, sex, or national origin.

### PAYMENT INFORMATION:

- ❖ Camp cost is \$750.00 with a \$300.00 non-refundable registration fee that is part of the total camp fee.
- ❖ Full payment is due two weeks before the session unless a CCB, Agency, or Lions Club has agreed to pay the full camp fee.
- ❖ CLC accepts credit card payments. Call the camp office to pay: (719) 687-2087
- ❖ 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):

Parent/Self: \$ \_\_\_\_\_ Agency/CCB: \$ \_\_\_\_\_ SLS or CES Waiver: \$ \_\_\_\_\_ Campership: \$ \_\_\_\_\_

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

Name of Agency/CCB: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Office Use Only

Application Received: \_\_\_\_\_ Approved by: \_\_\_\_\_ Deposit Received: \_\_\_\_\_ Session # \_\_\_\_\_ Missing Pages: \_\_\_\_\_

Payment Information: Service Plan Received? Yes No Campership Application? Yes No Agency Information? Yes No

## Camper Questionnaire

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

### Medical Information

Primary Diagnosis: \_\_\_\_\_ Secondary Diagnosis: \_\_\_\_\_

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

### Health History

- ❖ Does the camper have a cardiac condition? Yes No
  - ❖ Does the camper have respiratory problems? Yes No If yes, will an inhaler be provided? \_\_\_\_\_
  - ❖ Does the camper use oxygen at night? Yes No (Must supply own oxygen, no portable oxygen machines)
  - ❖ Does the camper fatigue easily? Yes No
  - ❖ Does the camper have any medically diagnosed allergies? Yes No
- If yes, please use the following space to explain: \_\_\_\_\_
- Does the allergy require an Epi-Pen? Yes No
- ❖ Does the camper struggle with sensory processing? No Yes, explain: \_\_\_\_\_

### Behavior Information

	NO HISTORY		Destructive		Self Abusive		Inappropriate Sexual Behaviors
	Steals		Physically Aggressive (bites, hits, pinches, scratches, etc.)		Wanders/Runs Away		Other:

**How often do these occur?** (Please circle): **Seldom** (1X or less per month) **Often** (1X or less per week) **Frequently** (more than 1X per week) **Daily**

What usually triggers challenging behavior? \_\_\_\_\_

Please describe in detail these behaviors or any other challenging behaviors we should know about:

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- Does the camper have a safety behavior management plan? (If yes, please submit a copy with the application.): YES NO
- Has the camper been separated from home before? YES NO
- Does the camper have any fears? YES NO \_\_\_\_\_

During the past year, has the camper seen or is currently seeing a professional to address mental/emotional health concerns?

Yes No If yes, please give a brief plan of care camper as follows:

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Has the camper had a significant life event occur in the last year? Yes No If yes, please specify and give additional detail as needed:

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### Personal Care Information

	Independently	With Verbal Cues	Some Assistance	Total Assistance
Uses Toilet				
<p>★ We understand that toileting accidents occur. Please circle frequency: Never Rarely Occasionally Frequently</p> <p>★ Campers must be continent. Depends are okay, but the camper must be able to change and clean up without assistance.</p> <p style="margin-left: 40px;">○ Camper MUST supply their own depends</p>				
Shampooing and Conditioning				
Soaping/Body Wash				
Brushes Teeth				
Deodorant				
Dressing				
Hair Care				
Menstrual Care				
Misc. Ointments, Eye Drops, etc.				
Sunscreen				

Are there any other things the camper needs assistance with? \_\_\_\_\_

\_\_\_\_\_

Specific Eating Requirements: ☐ No Assistance ☐ All Food Cut ☐ Meat Cut ☐ Chopped ☐ Pureed ☐ Other: \_\_\_\_\_

Special Diet: ☐ No Special Diet ☐ Gluten-Free ☐ Dairy Free ☐ Diabetic Diet ☐ Other: \_\_\_\_\_

Will the camper be bringing their own food? YES NO

### Other Information

Communication (Circle all that apply): Verbal Non-Verbal Sign Language Gestures Assistive Devices Hearing Limitations

Mobility: The camp is built on the side of a mountain, and the cabins are uphill from the main lodge. Can the camper walk up or maneuver the hill? YES NO

- Does the camper use a mobility aide? YES NO
- Does the camper have any injuries or physical limitations? YES NO
- Can the camper sleep on the top bunk? YES NO

If you answered YES to any of the above questions please explain here: \_\_\_\_\_

\_\_\_\_\_

### Camp Activities

Check the box if the camper is allowed to participate in the following activities:

Swimming Pool (there is a shallow end and a lifeguard on duty)		Archery	
Low-Ropes Course		Nature Hiking	
High-Ropes Course		Sports & Games	



## ALTITUDE AWARENESS DISCLOSURE

Has the camper attended the Colorado Lions Camp before? YES NO

Where is the city the camper is coming from? \_\_\_\_\_ What is the elevation? \_\_\_\_\_

Are you aware of the risks of traveling to a higher altitude and elevation? YES NO

Has the camper experienced altitude sickness in the past? YES NO

**Does the camper have any of the following pre-existing medical conditions? (Check all that apply.)**

<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Emphysema
<input type="checkbox"/>	Arrhythmias	<input type="checkbox"/>	Congenital Heart Problems	<input type="checkbox"/>	Migraines
<input type="checkbox"/>	Heart Failure	<input type="checkbox"/>	Pulmonary Hypertension	<input type="checkbox"/>	Strokes
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	COPD	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Other: Be Specific: _____				

### PLEASE READ AND INITIAL

<u>PRE-EXISTING MEDICAL CONDITIONS AT ALTITUDE</u>	<u>INITIAL</u>
<b>HIGH-BLOOD PRESSURE:</b> It is not uncommon for visitors with a history of HBP to experience temporary high blood pressure at high altitudes. Some persons with HBP develop lower blood pressure on ascent to high altitude.	
<b>HEART DISEASE (Coronary Artery Disease):</b> Altitude creates some stress on the heart, which is minimal at rest but can be significant during exercise.	
<b>ARRHYTHMIAS:</b> PVCs or premature ventricular contractions occur frequently at altitude. Irregular heart rhythms should be in good control before going to high altitude.	
<b>CONGENITAL HEART PROBLEMS:</b> Persons born with heart problems such as ventricular septal defect (VSD), atrial septal defect (ASD), patent ductus arteriosus (PDA), or tetralogy of Fallot that is partially corrected may experience increased symptoms at altitude.	
<b>HEART FAILURE:</b> Persons with HF have increased sensitivity to fluid retention. Since retaining fluid at altitude occurs frequently with or without AMS, this could potentially cause a worsening of heart function.	
<b>PULMONARY HYPERTENSION:</b> Since high blood pressure in the pulmonary vessels is the main mechanism that leads to High Altitude Pulmonary Edema (HAPE), persons with pulmonary hypertension have a much higher risk of developing HAPE.	
<b>ASTHMA:</b> As always, any asthmatic should continue their asthma medications and carry a relief inhaler with them at altitude, as they would at sea level or lower elevation.	
<b>COPD/EMPHYSEMA:</b> Campers with chronic lung disease have difficulty transporting oxygen from their lungs to their bloodstream.	
<b>MIGRAINES:</b> If a migraine develops at high altitude, however, it might be difficult to distinguish this from an altitude headache, although an altitude headache does not have an aura and is not unilateral. If your medication is not effective, then you may need oxygen in addition to other treatments.	

I, \_\_\_\_\_ (Parent/Caregiver/Guardian), have read and understand the risks associated with traveling and staying at the Colorado Lions Camp for the duration of a session for \_\_\_\_\_ (Camper Name). I also understand that if the camper shows signs or symptoms of any of the mentioned medical conditions, they may be sent to the ER or home. These risks have been provided to me, and I am choosing to allow \_\_\_\_\_ (Camper Name) to stay and participate at the Colorado Lions Camp despite the associated risks.

\_\_\_\_\_  
Parent/Caregiver/Guardian printed name

\_\_\_\_\_  
Parent/Caregiver/Guardian signature

\_\_\_\_\_  
Executive Director printed name

\_\_\_\_\_  
Executive Director Signature

**Colorado Lions Camp**  
**Camper Seizure Action Plan**  
**Mandatory for all Campers**

**Camper Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please document the Camper's Seizure Activity: (Please check which statement applies)

\_\_\_\_\_ Camper has **NO** seizure history or activity (no need to complete this form. Please sign and date at the bottom.

\_\_\_\_\_ Camper has Epilepsy or Seizure Disorder (please complete this form in its entirety and provide as much information as possible)

Parent/Caregiver/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Treating Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Seizure Type	Length	Frequency	Description

Date of last seizure: \_\_\_\_\_ Seizure triggers or warning signs: \_\_\_\_\_

\_\_\_\_\_

Camper's response after a seizure: \_\_\_\_\_

\_\_\_\_\_

Emergency response: Please attach a copy of the current Seizure Protocol, if available.

A "Seizure Emergency" for a camper is defined as: \_\_\_\_\_

\_\_\_\_\_

**Seizure Emergency Protocol** (check all that apply)

\_\_\_\_\_ Call 911 after \_\_\_\_\_ amount of time

\_\_\_\_\_ Does the camper have a Vagal Nerve Stimulation device?    Yes    No    If yes, implant date? \_\_\_\_\_

\_\_\_\_\_ Notify parents or emergency contact?    Yes    No    If yes, who? \_\_\_\_\_

\_\_\_\_\_ Emergency medication for seizures? If yes, what medication and how is it administered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Notify Doctor (name and contact information): \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Special considerations and precautions (regarding activities, sports, trips, etc.): \_\_\_\_\_

\_\_\_\_\_

Parent/Caregiver/Guardian Signature: \_\_\_\_\_ 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.

### 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 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.

### Application 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 accommodations 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 to 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 NO

Parent/Guardian/Agency: \_\_\_\_\_

### Personal Property

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

Parent/Guardian/Agency: \_\_\_\_\_

### 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's name above may be included in these promotional materials unless you contact the camp directly.

Parent/Guardian/Agency: \_\_\_\_\_

**Medical Release**

I, \_\_\_\_\_ (Parent/Guardian/Agency), authorize that in the event that an emergency should arise while \_\_\_\_\_ (Camper) is at camp requiring medical, surgical care or treatment, the CLC staff may select and designate medical professionals to provide such medical care as, in the judgment of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiners of the State of Colorado. 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.g., Epi-Pen, 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: \_\_\_\_\_

**Release of Information**

I authorize the 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: \_\_\_\_\_

**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 that payment of authorized benefits be made on my behalf. (Please skip if not applicable)

Parent/Guardian/Agency: \_\_\_\_\_

**Notice of Privacy**

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, clients of the 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: \_\_\_\_\_

**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, it's offered, 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 indemnify and hold harmless the Colorado Lions Camp for 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.

Parent/Guardian/Agency: \_\_\_\_\_

## Colorado Lions Camp Parent/Guardian/Agency Agreement

### Please initial each:

\_\_\_\_ The camper application is filled out and signed by the Camper/Parent/Legal Guardian/ Agency.

\_\_\_\_ 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 will result in the camper being dropped from the camp session, and no refund will be given.**

\_\_\_\_ 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 a complete bubble pack with the remaining pills (this includes vitamins and supplements). Any changes in medication times or dosage, or if it differs from the prescription bottle/bubble pack, 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 pre-approved by a physician.

\_\_\_\_ I understand that the Colorado Lions Camp does not provide 1:1 assistance/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. **THIS DOES NOT APPLY IF THE CAMPER IS ATTENDING THE 1:1/1:2 CAMP SESSION.**

\_\_\_\_ All payments except for the camp deposit will be refunded if notice is received from the Colorado Lions Camp office more than fifteen days before the applicant's session. If less than fifteen days' notice is received, there will be no refund. Promptly notify the camp in the event of a cancellation.

\_\_\_\_ CHECK-IN is Sunday. Your check-in time will be provided to you on your confirmation sheet that we mail with the rest of the packet. A parent/guardian/agency will be required to assist the camper and remain with the camper during the entire check-in process.

\_\_\_\_ **CHECK-OUT is Friday by 12:00 p.m. for all campers.** All early pickups must be prearranged. Late pickups will be charged \$100.00/hour to cover additional staff costs. (For example, if you arrive at 12:05 pm, you will be charged the late fee) Please plan accordingly. No lunch will be served on Friday.

\_\_\_\_ I understand that upon receiving the Camper's Application and Camp Physical Examination Form, the materials will be reviewed by the Executive Director. If the camper is accepted, a confirmation packet will be mailed to the address on the first page of the application. The guardian(s) will be contacted if more information is needed.

Printed name and relationship to camper: \_\_\_\_\_

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

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