



## COLORADO LIONS CAMP

Est. 1969

Dear Camper/Caregiver/Family,

Thank you for your interest in the Colorado Lions Camp! Whether you are a returning camper or a first timer, there is always something new to experience at the Colorado Lions Camp. Colorado Lions Camp is a place where campers can participate in a variety of adapted outdoor and recreational activities, make new friends and explore something new to experience at the Colorado Lions Camp! All applications will be accepted on a first come, first serve basis. There is a limited number of spaces for each session available. Once these spots have been filled, the session will be closed.

*The Mission of the Colorado Lions Camp is to provide exceptional camping programs to individuals with varying abilities 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 adults. Our activities are specifically designed to meet the needs for individuals with: Down Syndrome, Autism Spectrum Disorders, developmental delays, intellectual challenges, blind/vision impairments, deaf/hard of hearing, physical disabilities or mental disorders.

### Program Outline:

- ❖ CLC offers 8 weeks of residential summer camp. All applications will be reviewed and accepted on a first come/first serve basis.
- ❖ CLC Camper Waiver and Release of Liability to participate in off-site activities form will be included in the camper application packet. Please return your completed camper application packet.
- ❖ Weekly camp themes will be celebrated each session. Please send campers with appropriate costumes, hats or shirts that align with the weekly themes for our daily dress up days.
- ❖ CLC Cell Phone Policy: CLC requests that no cell phones be brought to camp. Please send cameras for campers to take pictures. Please note, if cell phones are taken out for use during camp time, CLC camp administration will be authorized to collect the phone and return back to camper during check out day.
- ❖ Check in times will be assigned and mailed to you on your confirmation sheet.
- ❖ **CLC Office Hours:** Monday - Friday 8am-4pm. Please do not call on weekends for camp questions - plan ahead.

We look forward to sharing an awesome summer with you!

Yours in camping,  
*Colorado Lions Camp*



## Updated Camp Information for New and Returning Campers

### Please read in its entirety

The following policies and procedures have been implemented by the Colorado Lions Camp (CLC) over the past few years and all are requirements for participants attending CLC Summer and Respite Camp programs.

These changes are in accordance with state regulations and American Camp Association Accreditation standards. Our goal is to provide programs which are of the highest quality and incorporate best practices in all areas of operations. **Please note: if any of these steps are not completed prior to check in day, your camper will not be permitted to attend the scheduled camp program. No exceptions.**

#### Camperships:

- ❖ All campership requests must be filled out completely and returned with the camp application along with the required financial documents to support the need for financial assistance.
- ❖ 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 their service plan. If the cost of camp is worked into their service plan, a copy will need to be submitted to the camp office before their 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 pay.

#### Cancellation Policy:

- ❖ All advanced fees paid will be refunded in full if notice is received in the Colorado Lions Camp office within fifteen days prior to the applicants session. If less than fifteen days notice is received, all but the \$250.00 deposit will be refunded. If the applicant has not paid the deposit, the applicant will be billed. Promptly notify the camp in the event of a cancellation.

#### Camper Registration Requirements:

- ❖ **Application:** Completed Camper Application (pages 1-13) must be filled out completely and signed by the camper or authorized guardian. Please be aware that due to continued changes in COVID-19 guidelines, dates, availability and operating procedures may affect upcoming camp sessions. We will keep you up to date with any changes that may impact your scheduled camp session(s).
- ❖ **Camp Physicals:** Physicals must be completed within the 12 months prior to your selected camp date. Expired physicals will not be accepted. The camp physical must be signed by a licensed physician on CLC's Camp Physical Exemption Form by the physician's office. Physicals must arrive no later than two weeks prior to the beginning of the scheduled camp session.
- ❖ **Camp Cost:** \$650.00 per camp session (this includes the \$250.00 non-refundable registration fee).
- ❖ **Deposit:** Your enrollment will not be complete until we have received the deposit of \$250.00, 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 charged \$100.00 for CLC Food Service to provide an alternative menu. You may also bring your own food for the week for no additional cost.
- ❖ **Due Date:** All forms such as physicals, payments, and service plans are due two weeks prior to the camp session you will be attending.

**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 collected 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 1pm on Friday, the CLC late fee is \$100.00 per hour. Please contact your camp office in the event you have an emergency situation resulting in late pickup.
- ❖ At this time, campers will receive unused trading post money and receipt of purchases, photo if purchased, medications and any incident reports from the week.
- ❖ All CLC campers are required to check out with the camp nurse prior to departure, regardless if the camper did/did not have medications.

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 strength and potential. Activities include: Arts and crafts, swimming, archery, fishing, hiking, yoga, drum circles, nature studies, cooking classes, sports and games, ropes courses, gardening, campfires, drama, hammock village and much much more!

## 2023 Camp Sessions

### May 28 - June 2 - Staff Training Week

Session 1	June 4-9	“Wild, Wild, West” (Ages 30+) Includes deaf and hearing impaired and blind and vision impaired campers.
Session 2	June 11-16	“Monster Mash” (Ages 30+)
Session 3	June 18-23	“CLC Hogwarts” (Ages 18+)
Session 4	June 25-30	“Game Show Week” (Ages 18+)
Session 5	July 2-7	“Christmas in July” (Ages 18+)
Session 6	July 9-14	“Christmas in July” - KIDS WEEK (Ages 8-17)
Session 7	July 16-21	“Survivor Week” (Ages 18-45)
Session 8	July 23-28	“CLC Shipwrecked Island” (Ages 18+)

## **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 camper's health has severely declined or upon demonstration that a camper does not meet the applicable eligibility criteria. All deferral or revocation of admission must be approved by the Executive Director.

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

- ❖ Be of appropriate age or ability for 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 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: 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 or overnight sleep and rest time.
- ❖ 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 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 in a group setting.
- ❖ Is not abusive toward themselves or others, i.e. does not physically, verbally, or sexually abuse self or others. Abuse may include, 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).
- ❖ Has ability to eat or drink amounts adequate for nutritional support and agrees to and accepts personal prescription medication from camp medical personnel.

### **Letter of Confirmation:**

- ❖ Upon receipt and approval of an 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/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. All parties will be notified in reference to any updates or changes to the assigned camp session.

**COLORADO LIONS CAMP**  
**SUMMER CAMP THEMES 2023**

Camp themes are a fun way to encourage camp spirit, generate excitement, and offer a fresh set of experiences for new and returning campers to enjoy. Please note, 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 4-9</b>	<b>“Wild, Wild, West”</b> Grab your boots, saddle up and ride off into the sunset. Wild, Wild, West week will be a hollering good time at the old Colorado Lions Camp. Don’t forget your cowboy hat or bandanas!
<b>Session #2 - June 11-16</b>	<b>“Monster Mash”</b> Walk like your favorite monster to the CLC Halloween Ball! Bring your costume, trick or treat bag and enjoy a spooky week at camp!
<b>Session #3 - June 18-23</b>	<b>“CLC Hogwarts”</b> Cast a spell or town on this new theme week! Grab your wand and broomstick and off we go!
<b>Session #4 - June 25-30</b>	<b>“Game Show ”</b> Don’t let the game get away from you! Enjoy a week of good games and fun!
<b>Session #5 - July 2-7</b>	<b>“Christmas in July”</b> ‘Tis the season of summer cheer! This week will be a Christmas to remember. With caroling, hot cocoa and a visit from Santa will keep us in the Christmas spirit. Don’t worry, we won’t let the Grinch steal the Christmas fun!
<b>Session #6 - July 9-14 Kids Week 8-17</b>	<b>“Christmas in July”</b> ‘Tis the season of summer cheer! This week will be a Christmas to remember. With caroling, hot cocoa and a visit from Santa will keep us in the Christmas spirit. Don’t worry, we won’t let the Grinch steal the Christmas fun!
<b>Session #7 - July 16-21</b>	<b>“Survivor Week”</b> The Lions Camp Tribal Council will come to life as our teams of campers and staff compete in challenges which promote team building, camp spirit, heightened amounts of laughter and tons of fun! Find your inner rhythm drumming around the campfire, grab your tiki torch and find your tribe. Let the games begin!
<b>Session #8 - July 23-28</b>	<b>“CLC Shipwrecked Island”</b> Don’t get lost at sea. Bring your Hawaiian shirts and your sunscreen, as we welcome you to Shipwrecked Island! Enjoy yourself as you dance the night away at the Hawaiian Luau and make sure you are not on a 3-hour tour! <b>This week is intended for a higher ratio of campers</b>

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

## Summer Camp Application

All pages 1-13 of the application must be completed and returned to our office for registration. Applications are processed on a first come, first serve basis. Do not wait for the Camp Physical Examination form to be completed before sending in your application. Many of our weeks fill up and you may not be placed in your first choice.

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex M / F \_\_\_\_\_ Returning Camper? Yes or No \_\_\_\_\_ 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 Parents Group Home Host Home Foster Family

Emergency Contact #1

(Someone other than listed above)

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

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

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

Emergency Contact #2

(Someone other than listed above)

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

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

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

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

Has 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 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 the 1964 prohibits the discrimination based on race, color, religion, sex, or 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: \_\_\_\_\_

### PAYMENT INFORMATION:

- ❖ Camp cost is \$650.00 with a \$250.00 non-refundable registration fee that is part of the total camp fee.
- ❖ Full payment is due two weeks prior to 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 reason 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 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 # \_\_\_\_\_

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

Missing Pages: \_\_\_\_\_

Name Tag: \_\_\_\_\_ Entered in Access: \_\_\_\_\_ Conf. Packet Sent: \_\_\_\_\_

## 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 from their actual age?      Yes                      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      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      No
- ❖ Does the camper have respiratory problems?      Yes      No      If yes, will an inhaler be provided? \_\_\_\_\_
- ❖ Does the camper use oxygen? (must supply own oxygen)      Yes      No      If yes:      PRN                      24 Hrs                      Night
- ❖ Does the camper fatigue easily?      Yes      No
- ❖ Does the camper have any medically diagnosed allergies?      Yes      No
- ❖ Does the camper have an allergy that requires an Epi-Pen?      Yes      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?      No      Yes, explain: \_\_\_\_\_
- ❖ Does the camper suffer altitude sickness?      No      Yes, explain: \_\_\_\_\_
- ❖ Does the camper struggle with sensory processing?      No      Yes, explain: \_\_\_\_\_

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	Other:

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)

- ❖ Does the camper have a behavior management or safety plan in place?      No      Yes (if yes, please submit a copy with application)
- ❖ Has the camper been separated from home before?      No      Yes
- ❖ Does the camper wander away from groups?      No      Yes
- ❖ Has the camper ever run away from home/school?      No      Yes
- ❖ Does the camper have unusual fears?      No      Yes
- ❖ Are there any precautions you wish to have observed at camp?      No      Yes
- ❖ Does the camper have dangerous tendencies that could result in harm to self?      No      Yes
- ❖ Does the camper have dangerous tendencies that could result in harm to others?      No      Yes

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

## Camper Questionnaire Cont.

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): \_\_\_\_\_

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 specify and give additional detail as needed: \_\_\_\_\_

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   No      If yes, specify and give additional information 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 ❖ Campers must be continent. Depends are okay, but campers must be able to change and clean up without assistance. ❖ Staff are unable to assist campers with wiping after toileting.				
Menstrual Care				
Shampooing/Soaping/Shaving				
Hair Care				
Brushing Teeth				
Dressing				
Misc. Ointments, Eye Drops, Etc.				
Sunscreen Special Instructions:				

**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 up    Diabetic Diet    Gluten-Free Diet    Lactose Intolerant

❖ Does the camper have any special dietary requirements? \_\_\_\_\_

❖ Will the camper bring food for special dietary needs or do you want CLC to provide food for a \$100.00 fee? \_\_\_\_\_

**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    No    Comments: \_\_\_\_\_

❖ Does the camper have any injuries or physical limitations?    Yes    No    If yes, please explain: \_\_\_\_\_

❖ Does the camper use a walker/walking cane?    Yes    No

If yes, is it a **power wheelchair** or **manual - independent** or **needs assistance - transfer independently** or **needs assistance**

Comments: \_\_\_\_\_

❖ Can the camper sleep on the top bunk?    Yes    No    If no, please explain: \_\_\_\_\_

Bottom bunks are assigned on a first-come, first-service basis. With those with oxygen and specific medical needs taking first priority. If a 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:

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

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

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 nurse or physicians' assistant) for the nurse or designated trained personnel to administer medication. Please provide complete information on all medications, including prescription and on-prescription medications, dietary supplements, and homeopathic remedies.

**Please check ONE of the following:**

\_\_\_\_\_ - Camper takes no medication

\_\_\_\_\_ - Camper takes daily medication as follows: standar camp medication times are listed in the chart below. Please complete the chart with accurate and current medication information - please 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.**

**DO NOT WRITE 'SEE ATTACHED'**

Medication	Dosage	Reason for Use	8:00am	12:00pm	3:30pm	6:00pm	8:30pm	Other

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

Persos 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. Do you have your COVID-19 Vaccine? Attach your updated card.**

Health Insurance Company (if no insurance, please write NONE): \_\_\_\_\_

Co. Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Form Completed By (signature): \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

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

### Altitude Awareness Disclosure

Has the camper attended the Colorado Lions Camp before? \_\_\_\_\_

Where are you coming from? \_\_\_\_\_ What is the elevation? \_\_\_\_\_

Has the camper experienced altitude sickness in the past? \_\_\_\_\_

Does the camper have any of the following pre-existing medical conditions? (Please 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)				

### Pre-Existing Medical Conditions at Altitude

#### Please read and initial:

\_\_\_ **HIGH BLOOD PRESSURE:** It is not uncommon for lowland visitors with a history of HBP to experience temporary high blood pressure at high altitude. This occurs even if you are on blood pressure medication and have well controlled blood pressure at sea level. A small percentage of these people will have unusually unstable blood pressure. HBP at altitude usually returns to your baseline blood pressure after 1-2 weeks of altitude. Some persons with HBP, however, develop lower blood pressure on ascent to high altitude. You generally do not need to change your blood pressure medication dosage. Increasing your dosage could result in dangerously low blood pressure upon returning to low altitude. If you are having symptoms from your high blood pressure such as headache, dizziness, chest pain, or shortness of breath, you should seek medical treatment. Persons with difficult-to-control blood pressure can use oxygen, especially at night, to avoid problems.

\_\_\_ **HEART DISEASE (Coronary Artery Disease):** Altitude creates some stress on the heart, which is minimal at rest but can be significant during exercise. Reduce your exercise at high altitude to a bit less than you exercise at low altitude, especially the first few days. Stay on your regular medications. Spend an extra 1-2 days acclimating and avoid altitude sickness.

\_\_\_ **ARRHYTHMIAS:** PVCs or premature ventricular contractions occur frequently at altitude. The heart throws an extra beat every so often and while they are quite harmless, they can be uncomfortable. Avoidance of caffeine may help. Many patients with irregular heart rhythms, such as supraventricular tachycardia (SVT), or atrial fibrillation (a-fib) travel safely to altitude every year. Irregular heart rhythms should be in good control before going to high altitude.

\_\_\_ **CONGENITAL HEART PROBLEMS:** 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. These conditions may predispose to HAPE. As the blood pressure in the lungs rises, normal blood flow through the heart may get pushed through these holes in the heart in what is called right to left shunting. This potentially contributes to altitude symptoms as there is less blood getting loaded with oxygen in the lungs. Caution should be exercised when considering high altitude exposure in people with these issues. Use of oxygen at high altitude will prevent any problems.

\_\_\_ **HEART FAILURE:** Heart failure (HF) has not been studied extensively at altitude. 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. Patients with HF, if they are careful, can likely travel to moderate altitudes safely.

\_\_\_ **ASTHMA:** Persons with asthma do better at high altitude, contrary to some opinions. If one suffers allergic asthma, they do better at altitude than at sea level. As always, any asthmatic should continue their asthma medications and carry a relief inhaler with them at altitude just as they would at sea level or lower elevation.

\_\_\_ **COPD/EMPHYSEMA:** Patients with chronic lung disease have difficulty transporting oxygen from their lungs to their bloodstream. Visiting moderate altitude for those with emphysema may be feasible. Testing blood oxygen levels at low altitude in these people may help give us a better picture of who will do okay at altitude. Those with emphysema who wish to visit high altitude should visit their doctor to optimize their condition and may want to consider additional oxygen while visiting high altitude. Oxygen at high altitude will help anyone with lung disease and is easily available.

\_\_\_ **MIGRAINES:** Persons with migraine headaches are not at increased risk of altitude illness. If a migraine develops at high altitude, however, it might be difficult to distinguish this from an altitude headache, although altitude headache does not have an aura and is not unilateral. A recent study suggests that low oxygen levels can trigger migraines. If you suffer from migraines, you should use your regular migraine medication at altitude if your headache seems like your typical migraine. If your medication is not effective, then you may need oxygen in addition to other treatments, as your headache may be due to AMS.

\_\_\_ **STROKE/TIA:** Occasionally, stroke-like symptoms such as weakness on one side of the body or partial blindness have been reported in otherwise young healthy persons climbing at very high altitude. These symptoms resolve with oxygen or returning to lower altitude. If you or someone you know experiences these symptoms, you should seek medical treatment immediately. If you have had a prior stroke and you decide to go to altitude you should continue to take all your medications as directed by your doctor and consider limiting your activity at high altitude. Persons taking a blood thinner such as Coumadin or Plavix need to be careful to avoid trauma, because of the risk of increased bleeding when on the medications.

\_\_\_ **SEIZURES:** Persons with seizure disorder well controlled on medications do well at high altitude, and it is generally considered safe to travel to altitude with epilepsy that is controlled with seizure medications. High altitude may unmask a seizure disorder in someone who has never had a previous seizure. In addition, the stress altitude, usually in combination with other factors such as cold, overexertion, lack of sleep, may cause a single seizure in persons without any type of seizure disorder. Persons who have been on seizure medication in the past but who have discontinued it might want to consider taking it again for a high-altitude trip, especially a longer trip or if going to a very high altitude.

I, \_\_\_\_\_ (Parent/Caregiver/Guardian) have read and understand the risks associated in traveling and staying at the Colorado Lions Camp for the duration of a week session (Sunday to Friday) for (Camper Name) \_\_\_\_\_.

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

\_\_\_\_\_  
Associate to Camper

\_\_\_\_\_  
Parent/Caregiver/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

Please document Camper's Seizure Activity: (Please check the box that 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 current Seizure Protocol, if available.

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

Seizure Emergency Protocol (check all that apply)

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

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

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

\_\_\_\_\_ Does the camper have 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.). Describe any special consideration or precautions: \_\_\_\_\_

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

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

### 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 Cmap 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 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 No Parent/Guardian/Agency: \_\_\_\_\_

#### Personal Property

I, \_\_\_\_\_ (Parent/Guardian/Agency), authorize 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 the camper's name and a list of belongings has been included in luggage. This includes clothing, bedding, personal care items, electronics and equipment. Yes No Parent/Guardian/Agency: \_\_\_\_\_

#### Medical Release

I, \_\_\_\_\_ (Parent/Guardian/Agency, authorize that in the event that an emergency should arise while the Colorado Lions Camp staff may select and designate nurse, physicians and surgeons to furnish such medial and/or surgical 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 administer medication to my camper. I authorize the camp medical staff to dispense medications. I agree that medications for life threatening conditions (i.e. 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: \_\_\_\_\_

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

Yes 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: \_\_\_\_\_

**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 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 campers 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 campers participation in activities at camp.

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

**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.

- ❖ 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.
- ❖ I understand that low and high ropes 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.
- ❖ 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 that can result in personal injury, including death and property damage.
- ❖ 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 a camper or for damage to any property out of or in connection with the use of the Colorado Lions Camp facilities and/or Ropes/Challenge course.
- ❖ 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 campers participation in the Colorado Lions Camp Ropes/Challenge course.
- ❖ 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.

Please initial one:

- \_\_\_ I accept to participate in low ropes course only.
- \_\_\_ I accept to participate in both high and low ropes course.
- \_\_\_ I decline to participate in the high or low ropes course.

\_\_\_\_\_  
Parent/Legal Guardian/Agency Signature

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Camp Elim

### Release and Understanding for children under the age of 18

**Indicate your consent to each item below by initialing the provided space:**

\_\_\_\_ I hereby give permission for my child to attend Camp Elim and to participate in all activities. I will not hold Camp Elim or its agents liable for injury caused by a common accident, illness or the rendering of emergency care. I give permission for this child to participate in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles.

\_\_\_\_ I understand that in the event of an emergency, every effort will be made to contact a responsible parent or guardian of the camper. In the event that contact cannot be made, I hereby give permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operation as may be urgently necessary for this child. In the event of a claim, family insurance (if any) will be billed. Camp Elim's insurance provides secondary coverage for injuries sustained at camp.

\_\_\_\_ I give permission to Camp Elim to use video or photography of me or my family members for promotional purposes.

Please note any exceptions to the above: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## Camp Elim

### Release and Understanding for adults

**Indicate your consent to each item below by initializing the provided space:**

\_\_\_\_ I hereby acknowledge my willful decision to attend Camp Elim and to participate in all activities. I will not hold Camp Elim or its agents liable for injury caused by a common accident, illness or the rendering of emergency care. I give permission for this child to participate in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles.

\_\_\_\_ I understand that in the event of an emergency, every effort will be made to contact a responsible parent or guardian of the camper. In the event that contact cannot be made, I hereby give permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operation as may be urgently necessary for this child. In the event of a claim, family insurance (if any) will be billed. Camp Elim's insurance provides secondary coverage for injuries sustained at camp.

\_\_\_\_ I give permission to Camp Elim to use video or photography of me or my family members for promotional purposes.

Please note any exceptions to the above: \_\_\_\_\_

\_\_\_\_\_

Campers Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Family Insurance Policy, Company and Number: \_\_\_\_\_

\_\_\_\_\_

Camper's Signature: \_\_\_\_\_

**Colorado Lions Camp**  
**Camper Waiver and Release of Liability**

I, \_\_\_\_\_ understand that there is an inherent risk by participating in camp activities that may result in personal injury. I hereby consent for the below named camper to participate in all camp activities. I hereby unconditionally release, waive, consent not to sue, and hold Colorado Lions Camp and its officers, directors, agents, employees and volunteers, harmless from any and all claims or actions on account of injury (including death), or damage to property, while participating during their camp session, including some off-site activities. Campers and staff will always be transported in Colorado Lions Camp buses with trained CLC drivers per our CLC trip and Travel policy.

CLC Campers participate in the following off-site activities:

<b>Activity</b>	<b>Distance from CLC Camp</b>
Memorial Park	5 miles
Camp Elim: Swimming Pool	4.8 miles
Manitou Lake: Hiking and fishing	4.9 miles

This waiver, release, assumption of risk, and agreement not to sue discharges Colorado Lions Camp in advance from all liability even though that liability may arise out of Colorado Lions Camp active or passive negligence.

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

Parent/Guardian/Caregiver/Self-Name: \_\_\_\_\_

Parent/Guardian/Caregiver/Self-Signature: \_\_\_\_\_

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

Session #: \_\_\_\_\_

**Colorado Lions Camp**  
**Parent/Guardian/Agency Checklist**

**Please initial each:**

\_\_\_\_ The camper application and camper questionnaire forms are completely filled out and signed by the Camper/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.

\_\_\_\_ 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 \$250.00 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 remaining pills (this includes vitamins and 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 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.

\_\_\_\_ If cancellations are not made within 30 days prior to the beginning of the camper's scheduled session, the registration fee of \$250.00 will be forfeited and will be non-refundable.

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

\_\_\_\_ CHECK-OUT is Friday by 1:00pm for all campers. All early pickups must be prearranged. Late pickups will be charged \$75.00/hour to cover additional staff costs. Please plan accordingly.

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

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

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

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

