Summer Camp 2027 Application

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

☐ I have carefully read Summer Camp 2027 Information, Session Dates and Themes

Camper's Name:_____ **Returning Camper? Yes 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:_____ **City:**_____

State:_____ **Zip Code:**_____

Phone #:_____ **2nd Phone #:**_____

Email (we will send acceptance packet to this email address):_____

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:_____

Camper's legal guardian is an authorized pickup. Please name all other person(s) that may pick up camper. We will check ID's upon camper check out. In the event someone not named below arrives to pick up camper, Camp Director will call camper's legal guardian for verbal confirmation._____

_____

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

How did you hear about us?_____

Choice of camp sessions: First Choice: Session #_____ **Second Choice: Session #**_____

PAYMENT INFORMATION:

- Camp costs $750.00 with a $300.00 deposit that is part of the total camp fee.
- $300 deposit is due at the time of application.
- Full payment is due two weeks before the session starts unless a CCB or Agency, has agreed to pay the full camp fee, or campership is awarded.

The camper's fee will be paid by (please check all that apply):

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

If CCB /Agency will be paying, please fill out the following information completely. For agencies that utilize Service Plans, Service Plan is due at the time of application.

Name of Agency/CCB:_____ Case Manager:_____

Phone Number:_____Email:_____

In an effort to save on supply costs, Acceptance Packet will be emailed. Check box below ONLY if you need us to mail it.

☐ **Mail Acceptance Packet**

Camper Questionnaire

Please provide as much detail as possible so that our staff can best meet the needs of 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

1. Does camper have any medically diagnosed allergies? Food allergy_____

Medication allergy_____ Other allergy _____

   a. EpiPen provided? YES NO
   b. History of Anaphylaxis? YES NO

2. Does camper have a cardiac condition? YES NO If yes diagnosis _____
3. Does camper have respiratory problems? YES NO If yes diagnosis _____
   a. Rescue inhaler provided? YES NO
4. Does camper have Diabetes? YES NO If yes circle one: Type 1 Type 2
5. Does camper use oxygen at night? YES NO *Must supply own oxygen (allowed only at night)
6. Does camper fatigue easily? YES NO

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 behavior? _____

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

_____

_____

_____

1. Does camper have a safety behavior management plan? (If yes, please submit a copy with application.): Yes No
2. Does camper have any fears? Yes No Specify:_____
3. Does camper have sensory processing issues? Yes No Specify:_____
4. Has camper attended any overnight camp before? Yes No

During the past year, has camper seen a professional to address mental/emotional health concerns? Yes No If yes, please specify:

_____

Has the camper had a significant life event occur in the last year? Yes No If yes, please specify:

_____

Personal Care Information

	Independently	With Verbal Cues	Some Assistance	Total Assistance
Uses Toilet				
❖ We understand that toileting accidents occur. Please circle frequency: Never Rarely Occasionally Frequently ❖ Campers must be continent. Disposable underwear are allowed, but camper must be able to change and clean up without assistance. *Diapering will be considered for Independent Support week only. ➢ Camper must supply their own disposable underwear				
Shampoo/Conditioner				
Body Wash				
Brushing Teeth				
Deodorant				
Dressing				
Hair Care				
Menstrual Care				
Misc. Ointments, Eye Drops, etc.				
Sunscreen				

Anything else 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 ▢ Low Sugar/Carb ▢ Other:_____

Will the camper be bringing their own food? YES NO

Other Information

1. Can the camper sleep on the top bunk? YES NO
2. Communication (Circle all that apply): Verbal Non-Verbal Sign Language Gestures Assistive Devices Hearing Limitations
3. Mobility: The camp is built on a hillside, and the cabins are uphill from the main lodge. Can camper walk up or maneuver the hill? YES NO
4. Does camper use a mobility aide? YES NO If yes specify:_____
5. Does camper have any injuries or physical limitations? YES NO If yes specify:_____

Camp Activities

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

☐ Swimming (with shallow end and lifeguard on duty)
☐ Low Ropes Course
☐ High Ropes Course
☐ Archery
☐ Nature Hiking
☐ Sports & Games

ALTITUDE AWARENESS DISCLOSURE

1. Has the camper attended Colorado Lions Camp before? YES NO **Camp is located at 8,000 feet above sea level**
2. In what city does camper live? _____ What is the approximate elevation?_____
3. Are you aware of the risks of traveling to a higher altitude and elevation? YES NO
4. 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.)

	High Blood Pressure		Heart Disease		Emphysema
	Arrhythmias		Congenital Heart Problems		Migraines
	Heart Failure		Pulmonary Hypertension		Strokes
	Asthma		COPD		Seizures
	Other: Be Specific:				

PLEASE READ AND INITIAL TO INDICATE UNDERSTANDING OF THE FOLLOWING RISKS

PRE-EXISTING MEDICAL CONDITIONS AT ALTITUDE	INITIAL
HIGH-BLOOD PRESSURE: It is not uncommon for visitors with a history of hypertension to experience temporary high blood pressure at high altitudes. Some persons with hypertension develop lower blood pressure on ascent to high altitude.	
HEART DISEASE (Coronary Artery Disease): Altitude creates some stress on the heart, which is minimal at rest but can be significant during exercise.	
ARRHYTHMIAS: PVC's or premature ventricular contractions occur more frequently at altitude. Irregular heart rhythms should be under 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.	
HEART FAILURE: Persons with heart failure have increased sensitivity to fluid retention. Since retaining fluid at altitude occurs frequently with or without altitude sickness, this could potentially cause a worsening of heart function.	
PULMONARY HYPERTENSION: Persons with pulmonary hypertension have a much higher risk of developing High Altitude Pulmonary Edema (HAPE), which causes fluid build up in the lungs	
ASTHMA: As always, any asthmatic should continue their asthma medications as prescribed, and carry a relief inhaler with them at altitude.	
COPD/EMPHYSEMA: Campers with chronic lung disease have difficulty transporting oxygen from their lungs to their bloodstream.	
MIGRAINES: It might be difficult to distinguish migraine from an altitude headache, an altitude headache may need to be treated with supplemental oxygen.	

I,_____ (Parent/Caregiver/Guardian), have read and understand the risks associated with traveling and staying at Colorado Lions Camp for the duration of a session for _____ (Camper Name). I also understand that if camper shows signs or symptoms of any of the mentioned medical conditions, Camp Medical Professional may call 911 for ER transport, or for non-emergent cases, camper may be sent home. These risks have been provided to me, and I choose to allow the above named camper to stay and participate at Colorado Lions Camp despite the associated risks.

_____ _____

Parent/Caregiver/Guardian printed name Parent/Caregiver/Guardian 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.)

☐ Camper has had one or more seizures within the last 5 years (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

- Call 911 after____ (#) minutes
- Does the camper have a Vagal Nerve Stimulation device? YES NO If yes, implant date? _____
- Does camper have emergency seizure medication? YES NO If yes, name of medication? _____
- Notify Physician YES NO If yes name and phone #: _____
- OtherInformation:_____
- 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

Colorado Lions Camp (CLC) 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 Camp Director and/or Camp Medical Professional. 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.

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 for camper to be picked up. 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. Parent/Guardian/Agency

Signature:_____

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 and significant items are labeled with the camper's name.

Parent/Guardian/Agency Signature:_____

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. Camper named above may be included in these promotional materials. **Do not sign if opting out of media release.**

Parent/Guardian/Agency Signature:_____

☐ I **do not** give permission (camper will be excluded from all photos including group and cabin photo)

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 Colorado Medical Board 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 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 Signature:_____

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

Parent/Guardian/Agency Signature:_____

Notice of Privacy

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) 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 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 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 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:

____Camper application is filled out and signed by the Camper/Parent/Legal Guardian/Agency.

____I understand that failure to return the Camp Physical Examination Form, signed by a licensed physician, within 2 weeks of session start date, 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 at least 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 utilizing the Order for New or Updated Medication Form or the Camp Medical Professional will not 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 by the individual who pre-poured the medications must be provided to the Camp Medical Professional 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 camp sessions. *Does not apply to Individualized Support week. In the event it is determined that the camp program is not equipped to properly meet the needs of camper (medically or behaviorally), Colorado Lions Camp may require camper to be picked up before the end of the scheduled session. No refunds will be made due to early departure.

____ I understand that all payments except for the camp deposit ($300) will be refunded if Colorado Lions Camp receives notice of cancellation more than 2 weeks (14 days) before the applicant's session. If less than 2 weeks (14 days) notice is received, there will be no refund. I will promptly notify the camp in the event of a cancellation.

____ I understand that check-in is the Sunday of camper's session and that check-in time will be provided on Acceptance Packet. A parent/guardian/agency will assist and remain with camper during the entire check-in process, and the check-in process may take up to an hour.

____I understand that check-out is the Friday of camper's session between 10:30 a.m. and 12:00 p.m. All early pickups must be prearranged. Late pickups after 12:15 will be charged $100.00 per hour to cover additional staff costs. Lunch will not be served on Friday.

____I understand that camper information provided to Colorado Lions Camp will be reviewed by the Camp Director and Camp Medical Professional and that necessary information will be shared with camp staff in accordance with HIPAA.

____ I understand that camper has not been accepted or enrolled until I have received an Acceptance Packet and that Colorado Lions Camp will reach out to me if camper is not accepted upon initial receipt of application. I understand that Acceptance Packet will be emailed to the email address provided on page 1 of this application, and that it is my responsibility to notify Colorado Lions Camp if I require it to be mailed (check box on page 1).