



Camp Dogwood for the Blind & Visually Impaired
7050 Camp Dogwood Drive
Sherrills Ford, NC 28673
800-662-7401, or 828-478-2155 x230
www.NCLionsCampDogwood.org

Hello Campers,

January 2017

Camp is rapidly approaching. We are excited that you will be spending a week this summer with us! We are busy hiring staff and planning activities for you. We will soon be ready for your week of fun and fellowship.

This packet includes your application. Please complete and return it as soon as possible to us. In order to maintain high standards of camper safety, everyone who participates in our programs must complete the medical form and waiver included in the application. You are not required to have a medical exam, but we do require that your healthcare provider (i.e. MD, FNP, or PA) sign off on your medical form.

We have terrific special events planned for this summer. For instance, 2017 is the 50th Anniversary of Camp Dogwood. Session 7, July 16th to 27th, is the week we are celebrating our anniversary. We'll have a party and dig up "THE TIME CAPSULE". Please see the attached schedule for special events and dance themes. Please call or email us for more details about special events and other camp activities. Contact us with any questions. Additional applications are available by mail and on our website.

For information: www.NCLionsCampDogwood.org

Facebook: Camp Dogwood for the Blind and Visually Impaired

Phone: 800-662-7401, Ext. 230 Keisha, Camp Assistant

Ext. 229 Susan, Camp Director

Email: Keisha@NCLionsInc.org Susan@NCLionsInc.org

Join us for great summer!

A handwritten signature in black ink that reads "Susan L. King". The signature is written in a cursive, flowing style.

Susan L. King
Director

2017 Camper Application Packet

*****Please return completed application pages #5-14 only.*****

Camp Dogwood Application notes:

- If you need additional application packets, please contact the camp office or you may print the forms from our website at www.NCLionsCampDogwood.org.
- It is very important that your application packet is filled out completely, and returned as soon as possible to ensure your placement at camp.
- **Please remember, you do not have a space reserved at camp until you receive a confirmation letter from us.**
- If you will be attending camp with a required caregiver or legal guardian; your application will not be processed until both of your applications are received.
- Everyone who plans to attend Camp Dogwood, whether visually impaired/blind or sighted, must complete a 2017 application packet.
- Sighted individuals will be accepted to accompany the persons with visual impairment/blindness as spouse, minor child, caregiver, legal guardian caregiver, or companion.
- Youth attending camp with a parent/Legal Guardian must remain with the parent/legal guardian at all times during the camp session.
- CASH & CHECKS ARE ACCEPTED AS PAYMENTS IN THE CAMP STORE. CREDIT/DEBIT CARDS WILL BE ACCEPTED WITH A MINIMUM CHARGE OF \$10.
- The application cutoff date is 2 weeks prior to the session desired. We must have received your completed application 2 weeks prior to the Sunday of your arrival for you to be assigned a camp session. Camp reservations are made on a space available basis.
- Campers desiring a 2nd session must wait until mid-May 2017 to secure a 2nd reservation. 2nd Sessions are only allowed if space is available.
- ***If you are a dialysis patient, please see the social worker at your dialysis clinic to make arrangements for dialysis and transportation during your stay at camp. We are unable to provide transport for dialysis appointments.***
- Transportation to and from the train and bus stations in the city of Charlotte is available on camp arrival/departure days only.

2017 Camp Dogwood Summer Schedule

<u>Session</u>	<u>Date</u>	<u>Special Events</u>	<u>Dance Theme</u>
<u>1</u>	<u>June 4th-10th</u>	<u>Poetry/Writing Class</u>	<u>Sports Fan Party</u>
<u>2</u>	<u>June 11th-17th</u>		<u>Pajama Party</u>
<u>3</u>	<u>June 18th-24th</u>		<u>Second Chance Prom</u>
<u>4</u>	<u>June 25th-July 1st</u>	<u>Jewelry Class</u>	<u>Masquerade Party</u>
<u>5</u>	<u>July 2nd-8th</u>	<u>Celebrate Veterans</u>	<u>Patriotic Party</u>
<u>6</u>	<u>July 9th-15th</u>	<u>Youth Week(Closed to Adults)</u>	
<u>7</u>	<u>July 16th-22nd</u>	<u>Camp 50th Anniversary</u>	<u>Second Chance Prom</u>
<u>8</u>	<u>July 23rd-July 29th</u>	<u>Painting Class</u>	<u>Christmas in July Party</u>
<u>9</u>	<u>July 30th-Aug. 5th</u>		<u>Masquerade Party</u>
<u>10</u>	<u>Aug. 6th-12th</u>	<u>Nifty Thrifty Crafts</u>	<u>Sports Fan Party</u>

Other Special Events (contact us for scheduled dates):

- **Orientation & Mobility Instruction (courtesy of IFB)**
- **Low Vision Eye Exams (courtesy of IFB)**
- **July 4th Fireworks**
- **Musical performances**
- **Educational Speakers and Seminars**
- **Beeping Easter Egg Hunt (Courtesy of the Winston-Salem Police Dept. Bomb Squad)**
- **And much more.....**

NORTH CAROLINA LIONS INC.
2017 CAMP DOGWOOD SUMMER SESSION APPLICATION

Please type or print legibly using ink. Applications are accepted on a first come, first served basis. Please return the application, including the medical form, as soon as possible to better assure your choice of session and housing. No session will be assigned without the medical form completed and signed by your doctor. Incomplete applications will be held as pending until completed. You do not have a place reserved until you receive a confirmation letter from us.

Camper

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone #'s (cell, home, work) _____

E-mail: _____

Gender: _____ Age: _____ Birthdate: _____

Vision: Visually Impaired Legally Blind Totally Blind Sighted

Emergency Contact

Name: _____

Address: _____

City/State/Zip: _____

Phone #'s (cell, home, work) _____

E-mail: _____

Relationship to camper: _____

Personal Care Skills

Yes No Are you able to independently take care of your daily needs such as eating, bathing, dressing, and toileting?

Yes No Are you able to independently make all of your medical care decisions?

Yes No With orientation, are you able to get yourself out of a building should a fire alarm sound in that building?

***If you have answered "NO" to any of the above questions you will need to bring a caregiver to camp to assist you. Please provide your caregivers information below if applicable. **Your caregiver is required to complete and submit a 2017 camper application as well.**

Caregiver Name: _____

Address: _____

City/State/Zip: _____

Phone #(s): _____

E-mail: _____

Relationship to camper: _____

Legal Guardian Information

Do you have a legal guardian? Yes No

If you answered yes, they must accompany you to camp. Any camper who has a legal guardian must attend camp with that legal guardian or that legal guardian must provide a caregiver for the camper. This caregiver shall be authorized to make all decisions medical and otherwise for the camper. Please fill out the legal guardian information below if applicable.

Legal Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone #(s): _____

E-mail: _____

Other Information

Yes No Have you ever been convicted of a crime? If "YES" please explain in detail, on an attached sheet, or contact the Camp Director.

Yes No Have you attended Camp Dogwood before? How many times? _____

Yes No Will you be bringing a certified service dog?

Yes No Are you be willing to room with a camper that has a service dog?

Yes No Do you use a wheelchair, walker, or support cane? Which? _____

Session

Indicate 1st, 2nd, or 3rd choice of sessions you wish to attend. Put session numbers in blanks below. If your 1st choice is the only week you can come, do not fill out the 2nd and 3rd choice.

1st Choice _____

2nd Choice _____

3rd Choice _____

Yes No If space is not available in the session you prefer, would you like to be put on the waiting list?

Lodging: These selections only indicate your preference. Camp Dogwood does not guarantee your selections.

Yes No Do you have lodging preference? Which dorm or duplex?
 Lineberger Udovich White Duplex

Yes No Do you have a roommate preference?
Name (s): _____

Yes No Do you prefer a handicapped accessible bathroom?

Yes No Do you need a wheelchair accessible shower?

Yes No Do you need a shower chair?

Camper Fee

The fee for a NC resident with blindness or visual impairment is \$125. The fee for a sighted companion/caregiver is \$175. Payment in full or confirmation of Lions Club sponsorship must be received prior to your arrival at camp. You may pay with a credit card by phone or mail a check/money order. Please include the campers' name on the memo line of checks/money orders.

Mail checks/money orders to: NCLI, Attn: Camp Office, PO Box 39, Sherrills Ford, NC 28673.

Who will be responsible for your camp fees?

- Myself
- Lions Club
- Family Member
- Other

If your camp fees will be paid by a Lions Club or other person, please fill out the information below. Please discuss sponsorship with the Lions Club before providing this information.

Which Lions Club (if applicable)?: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone #(s): _____

E-mail: _____

Do you need a sponsorship/scholarship to attend Camp Dogwood? Yes No

Would like us to call you about a camp sponsorship/scholarship? Yes No

If yes, when is a good time to call you and what phone number should we use?

Social Worker Information

If you have a social worker helping you with the application process, please fill out the information below.

County: _____

Social Worker Name: _____

Phone #(s): _____

E-mail: _____

Waiver of Responsibilities

Camper Name (please print): _____

When the North Carolina Lions, Inc. (NCLI) or its agent, Camp Dogwood, accepts this application for a camping term at Camp Dogwood, I, the undersigned do hereby release and discharge the North Carolina Lions, Inc. and any of its agents, affiliates, employees, and servants from any and all claims, liabilities, demands, or rights which I, or any of my friends, or relatives, may have against said organization or its agents, affiliates, employees, or servants on account of connecting with or growing out of any injury, accident, loss, or damage, or suffering, I or my immediate family may hereafter sustain while on the premises or property owned, leased, or used by the NCLI arising out of acceptance of this application for a camping experience, whether said property be known as Camp Dogwood, Lake Norman, or any other named designation or location.

I further agree to release to Camp Dogwood all rights and privileges to photographs taken of me for use in Camp publicity that is in the proper interest of the Camp.

I have read, or caused to be read to me, the foregoing and do hereby acknowledge that I fully understand each and every part thereof. I have read, or caused to be read to me, the Camp Rules and Regulations and agree to abide by them.

This the _____ day of _____, 2017

My signature below certifies that I am legally competent and that I am able personally to care for my daily needs while at camp, or that I plan to have a caregiver accompany me to camp.

Signature of Applicant: _____
(Please have all marks (X) witnessed)

Signature of Witness (if applicable): _____

Legal Guardian (if applicable):

The signature of the legal guardian below certifies that he/she has read and completed the foregoing application accurately, that he/she has read the Camp Rules and Regulations, and that he/she will either act as caregiver to the camper during camp or provide for a caregiver for the camper during camp, which caregiver is authorized to make decisions, medical and otherwise, for the camper.

Signature of Legal Guardian (if applicable): _____

Camp Dogwood Transportation Information 2017

Camper Name: _____

Please check and complete the information of one of the following options.

GROUP: I will be transported to and from Camp as part of an organized group.

What Group? _____

(County? Group leader name? Organization?)

CAR: I will be getting a ride to and from Camp from a friend, family member, Lion, Social Worker, etc.

Name of Driver: _____

Phone #(s): _____

Relationship: _____

PUBLIC TRANSPORT TRAIN (i.e. Amtrak): I will be traveling to and from Camp via public train transportation. My train will arrive in Charlotte, NC at _____ on Sunday afternoon. The train will be coming from _____. My train will depart for home from Charlotte, NC at _____ on Saturday morning. **(NOTE: YOUR DEPARTURE TRAIN MUST BE SCHEDULED PRIOR TO 9AM ON SATURDAY, AND YOU MUST HAVE PURCHASED DEPARTURE TICKETS PRIOR TO YOUR ARRIVAL AT CAMP.)**

PUBLIC TRANSPORT BUS (i.e. Greyhound): I will be traveling to and from Camp via public bus transportation. My bus will arrive in Charlotte at _____ on Sunday afternoon. The bus will be coming from _____. My bus will depart for home at _____ on Saturday morning. **(NOTE: YOUR DEPARTURE BUS MUST BE SCHEDULED PRIOR TO 9AM ON SATURDAY, AND YOU MUST HAVE PURCHASED DEPARTURE TICKETS PRIOR TO YOUR ARRIVAL AT CAMP.)**

_____ **SUNDAY BUS & TRAIN ARRIVALS MUST BE SCHEDULED FOR SUNDAY AFTERNOONS. IF YOU NEED TO ARRIVE EARLIER THAN 1:00PM, OR LATER THAN 5:00PM PLEASE CONTACT THE CAMP DIRECTOR.** Transportation to camp for campers arriving by bus or train to Charlotte, NC is only provided on Sunday afternoons. If you arrive on another day or time, you will need to make your own transport arrangements.

_____ **SATURDAY BUS AND TRAIN DEPARTURES MUST BE SCHEDULED FOR 9:00AM OR EARLIER.** Transportation from camp for campers departing by bus or train from Charlotte, NC is only provided on Saturday mornings before 9am. We only make ONE early morning run. **Departure tickets must be obtained before your arrival camp.**

Camp Dogwood Medical Form 2017
(To be filled out by the camper or camper's representative)

Camper Information

Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone # (s): _____
E-mail: _____
Gender: _____ Age: _____ Birthdate: _____

Emergency Contact

Name: _____
Address: _____
City/State/Zip: _____
Primary Phone #: _____
Alternate # (s): _____
Relationship to camper: _____

Insurance

Name of Insured: _____
Insurance Company: _____
Policy #: _____

Medicine/Medical Information

- Yes No Do you administer your own medicine at home?
- Yes No Are you planning to administer your own medicine at camp?
- Yes No Do you need assistance from the nurse to administer medication?
- Yes No Do you need assistance from the nurse with blood sugar checks?
- Yes No Do you need assistance from the nurse with insulin injections?
- Yes No Do you need any other assistance from the nurse? If "YES", please provide details here, or on a separate sheet of paper.

- Yes No Are you a dialysis patient? *If yes, you must make arrangements for dialysis and dialysis transport before your arrival at camp.*
- Yes No Do you use supplemental oxygen? *If yes, you must arrange for and bring all needed supplies and equipment.*
- Yes No Do you use a CPAP machine? *If yes, you must bring your own machine and supplies.*

Yes No Are you a smoker?

Yes No Do you walk in your sleep? Frequency? _____

NOTE:

If you need assistance from the nurse with your medications you must bring them in the labeled prescription bottle/package. She/he will be unable to assist you unless they are in the proper container.

List Current Prescription Medications: (or attach separate sheet if necessary)

Medication & Strength	Dosage, Route, & Frequency

List PRN (as needed) Medications: (or attach separate sheet if necessary)

Medication & Strength	Dose, Route, & Frequency	PRN	Reason

**Camp Dogwood for the Blind & Visually Impaired
Medical Form 2017**

(To be filled out by a Physician or Physician's representative, i.e. PA or NP)

Camper's name: _____

Practice Name: _____

Practice address: _____

Physician's Printed Name: _____ Phone #: _____

Camp Dogwood is a recreational/vacation facility for persons with blindness or visual impairment. Campers have the opportunity, but are not required, to participate in activities such as tubing, boat riding, swimming, bowling, Putt Putt golf, shopping trips, crafts, and more. Campers must be able to provide their own personal care skills such as eating, bathing, dressing and toileting, or bring a caregiver to assist them with these needs. Campers ambulate from their dormitories to the dining hall/medication room up to a distance of 600 feet with a 12% grade in one direction. **NO SPECIAL DIETS ARE AVAILABLE AT CAMP.** Our counselor to camper ratio is 1 to 6. There is one nurse per 88 campers on site. The nurse is available to assist with routine medications and emergencies. **CAMP DOGWOOD IS NOT A NURSING OR CARE FACILITY.**

Medical History

Yes No Does the patient have Diabetes?
If "Yes", controlled/stable? _____

Yes No Does the patient have HIV?

Yes No Has the patient had Hepatitis?
If "Yes" which type? _____

Yes No Does the patient have Hearing Problems or Hearing Aids?

Yes No Does the patient have Alzheimers, Dementia, or Senility?
If "Yes, which? _____

Yes No Does the patient have a Developmental Disability?
If "Yes", which? _____

Yes No Does the patient have a Mental Illness?
If "Yes", which? _____

Yes No Does the patient have Hypertension/High Blood Pressure?

Yes No Does the patient have a history of Kidney Disease?
If "Yes" What type? _____

Yes No Does the patient require Dialysis Treatments?
If "Yes" list frequency. _____

Dialysis patients must make arrangements for dialysis and dialysis transport before arriving at camp.

- Yes No Does the patient have Seizures?
If "YES" list frequency: _____
- Yes No Does the patient have known Drug or Food Allergies?
If "YES" to what? _____
- Yes No Does the patient have a history of Heart Failure, Heart Attacks, or Strokes?
Date of most recent episode. _____
- Yes No Does the patient have Mobility Issues?
If "Yes" explain: _____
- Yes No Does the patient use Supplemental Oxygen?
If "Yes", patient is responsible for bringing all needed supplies.
- Yes No Does the patient use a CPAP machine?
- Yes No Is the patient a smoker?
- Yes No Does the patient sleepwalks? Frequency? _____
- Yes No ***The patient's medical status is stable and controlled. In my opinion this patient is able to attend the facility described above.***
- Yes No ***The patient is their own legal guardian, and is able to make their own medical care decisions.***
If you answer no, please list the Legal Guardian's name:

Please list or attach any additional comments as needed (Please Print): _____

Physician's Signature: _____ Date: _____

Please return this form to the patient, or submit it directly to Camp Dogwood:

Mail: Camp Dogwood for the Blind & Visually Impaired
Attn: Camp Office
7050 Camp Dogwood Drive
Sherrills Ford, NC 28673

Fax: 828-478-4419

E-mail: Keisha@NCLionsInc.org

Please feel free to contact us with questions.
1-800-662-7401 x230