

2010 Camp Chris Williams: Camper Application

Sunday, August 8 to Friday, August 14, 2010

MADHH & cooperating Michigan Local Lions Clubs & Districts



Camper Last Name: _____ First: _____ Middle: _____

Address: _____ Apt# _____

City _____ State _____ Zip Code _____ County: _____

Parent or Legal Guardian Name(s): _____ Camper's Date of Birth: _____

Day Telephone: _____ Night Telephone: _____ Cell Phone: _____

VP# _____ E-mail: _____ If possible, group with: _____

Camper's School: _____ Teacher: _____ Grade: _____

City: _____ Zip: _____

This Camper is: Deaf Hard of Hearing Hearing sibling C.O.D.A.

Adult T-Shirt Size: S M L XL 2XL 3XL 4XL

My child's Cultural Background: Deaf Hard of Hearing Hearing

My child will need a Personal Assistant: Yes No Secondary Disability: _____

Please rate child's fluency in oral communication: (none) (Fluent)

Please rate child's fluency in ASL: (none) (Fluent)

Does your child have ability/experience in any other communication system (i.e. SEE1, PSE, CUED)? _____

Does your child speak any language other than English or ASL? Yes No: Type: _____

Will your child be bringing hearing equipment to camp? Yes No * If YES, What and how many? _____

Has your child been to camp before? Yes: How many years? _____ No: First time

What benefit do you expect your child to get from camp?

Is your child taking medication? Yes No

If Yes, list all medications taken, dosages and administration/dispensing procedures (attach separate sheet if necessary):

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- Registration Process: Applications will be Prioritized and Processed in the Order Received -

- 1) Complete this Application Form, accompanied by a **NON-refundable \$50 deposit**.
- 2) Contact MADHH immediately to request accommodations or financial assistance.

Send Applications to: **MADHH, 5236 Dumond Ct, Suite C
Lansing, Michigan 48917-6001**

- 3) Financial Assistance Forms requests MUST be completed by registration dates. Families of campers are responsible to seek scholarships. Please seek scholarships in a timely manner to comply with due dates to avoid extra charges. Families with completed forms will be receive priority in the order received for possible financial assistance.
- 4) When your child is accepted, MADHH will send the Agreements and Releases forms. Included will be required Bear Lake forms and a medical form to be filled out by and signed by a physician. We encourage families to arrange the physical appointment early. This form needs to be received by the camp in a timely manner prior to arrival so it can be reviewed and accepted by the medical consultant. Late paperwork will increase camper fees charged to your account.

Payment Method: Check MO Master Card Visa Discover

C.C. #: _____ - _____ - _____ - _____ Name as seen on Card: _____

Expiration Date _____ Amount Enclosed \$ _____ (*\$50 deposit minimum*) CVC# _____

Total cost of Camp Chris is \$1250 per camper. In years past, Lions Clubs, United Way, and grants have been able to cover 2/3 of the cost. Assuming MADHH is able to continue in this manner, these fees will apply.

**Fees: \$400.00 –Early Bird – Application +All Paperwork in & All fees paid between January 1-February 15, 2010
\$450.00 – Regular Registration – Application + Deposit received by May 28, 2010***

****\$100.00 ADDITIONAL LATE FEES FOR ALL REGISTRATIONS if paperwork is not completed and turned in and remaining balance is not paid in full before May 29, 2010**

** includes all meals, housing, activities, and T-shirts. It does not include transportation to and from
Lions Bear Lake Camp. ***NEW LOCATION THIS YEAR****

Signature: _____ Date: _____

MADHH accepts payment plans, please budget accordingly.

- Parent/Camper Agreement – The camper AGREES TO abide by the following camp rules at all times:

1. The camper will be considerate of the safety and feelings of others and care for the camp property.
2. If the camper willfully and repeatedly disobeys the rules, he or she will be sent home. The parent/guardian will be notified to come to the camp and take the camper home. •
3. The possession of any illegal substances (drugs, marijuana, etc.) alcohol, weapons, or other items deemed inappropriate by the Camp Program Director will be grounds for dismissal and the parents/guardian will be contacted to take the camper home. •
4. Payment for any damage done to camp property or property of others as a direct result of the camper's behavior will be paid for by the parents/guardian when the child is picked up.
 - **Parents are responsible for transportation costs due to the camper's dismissal from camp.**

I have transportation I can provide transportation for _____ persons

I authorize sharing of information on this form to coordinate transportation to and/or from camp.

Media Release (Photo/Video): I hereby agree and consent to the use of my camper at Camp Chris Williams to use images and or voice for advertising, educational and public purposes my MADHH. I agree to hold MADHH harmless for such use. In addition I understand I am waiving all claims for any compensation.

Parent's / Guardian's Signature _____ Date: _____

Camper's Signature _____ Date: _____

There are two pages to this form. Please read carefully and fill out all necessary information.