



Camp Dogwood for the Blind & Visually Impaired  
Po Box 39  
Sherrills Ford, NC 28673  
828-478-2135  
[www.NCLionsCampDogwood.org](http://www.NCLionsCampDogwood.org)

Hello Campers,

January 2019

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.

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](http://www.NCLionsCampDogwood.org)

Facebook: Camp Dogwood for the Blind and Visually Impaired

Phone: 828-478-2135

Email: [Dianne@NCLionsInc.org](mailto:Dianne@NCLionsInc.org)      [Tammy@NCLionsInc.org](mailto:Tammy@NCLionsInc.org)

Join us for great summer!

Tammy Thomas  
Food Svc/Properties Mgr.

## 2019 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](http://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 2019 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 May 15, 2019 . Camper fees are due by May 31, 2019.** We must receive your Completed Application. Camp reservations are made on a first come first assigned /space available basis.
- Campers desiring a 2<sup>nd</sup> session must contact camp for availability .2<sup>nd</sup> Sessions are only allowed if space is available. Cost will be \$600.00
- **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.\*\*\* Cost is \$20.00 each way to and from the station.

## 2019 Camp Dogwood Summer Schedule

Summer Camp Theme: BACK TO THE FUTURE

Each day will be a different theme:

Monday: Beach Blanket Bingo, Welcome to the 60's . Bring your aqua net and dippity doo and enjoy a day of Activities from the 1960's

Tuesday: Get Your Groove On. Dress like a Hippie. Peace, Love, and Rock and Roll.

Wednesday: Wild West- Wear your favorite wild west attire and get ready to Head 'em up and move 'em out

Thursday: Welcome to the 80's. Dancing Foot Loose and big hair symbolized the 1980's. Bring your Kevin Bacon and Madonna and dance the night away.

### Session   Date

1 June 9<sup>th</sup> -14th

2 June 16<sup>th</sup> -21st

3 June 23<sup>rd</sup> -28<sup>th</sup>      ( closed to adults )      Kids Week

4 June 30<sup>th</sup> -July 5<sup>th</sup>      Veterans Week

5 July 7<sup>th</sup> -12th

**6 July 14<sup>th</sup> -19th**

7 July 21<sup>st</sup> -26<sup>th</sup>

8 July 28<sup>th</sup> - August 2<sup>nd</sup>

9 August 4<sup>th</sup> -9<sup>th</sup>

**Other Special Events (contact us for scheduled dates):**

- **Orientation & Mobility Instruction (courtesy of IFB)**
- **Low Vision Eye Exams (courtesy of IFB)**
- **July 4<sup>th</sup> 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.**  
**2019 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 2019 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 1<sup>st</sup>, 2<sup>nd</sup>, or choice of sessions you wish to attend. Put session numbers in blanks below. If your 1<sup>st</sup> choice is the only week you can come, do not fill out the 2<sup>nd</sup> choice.

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> 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? (**Not guaranteed**)

Lineberger  Udovich  White

Yes  No Do you have a roommate preference? (**Not guaranteed**)

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: \_\_\_\_\_

**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 \_\_\_\_\_, 2019

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 2019

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 FRIDAY, 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 FRIDAY , 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. Remember fee to travel to and From Charlotte is \$40.00

\_\_\_\_\_ **FRIDAY 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.** . Remember fee to travel to and From Charlotte is \$40.00

I have read and/or understand the attached Rules and Regulations for Summer Camp 2019 at Camp Dogwood

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

Signature of Witness (if applicable): \_\_\_\_\_

**Camp Dogwood Medical Form 2019**  
**(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? You must  
Provide meter, strips, and lancets.  
 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 2019**

**(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 sleepwalk? Frequency? \_\_\_\_\_
- Yes  No Does the patient have any reason they should **NOT** swim in the lake?
- 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 any other medical conditions you have. (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  
PO Box 39  
Sherrills Ford, NC 28673

Fax: 828-478-4419

E-mail: Dianne @NCLionsInc.org

Please feel free to contact us with questions.  
828-478-2135