



**SUMMER CAMP PROGRAM SINCE 1967**

**2010**

**We look forward to seeing you at camp!**

**NCBC IS A PROGRAM OF CHRISTIAN RECORD SERVICES FOR THE BLIND**

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***APPLICATION INSIDE***

# INSTRUCTIONS

For completing Camp Application  
Please use *ink* and *print* clearly.

- 1. CAMP APPLICATION** information is essential. **Please fill in every blank\***.  
\*Decide which camp you wish to attend and write the name and date of that camp on the application where it says Camp Name \_\_\_\_\_, Camp Dates \_\_\_\_\_. Please do not write NCBC camp on that line.
- 2. HEALTH RECORD** must be completed.
- 3. MEDICAL EXAMINATION AND CURRENT TETANUS BOOSTER** are required. Your primary care physician must complete and sign the sections provided in your application.
- 4. CONSENT AND RELEASE section must be signed.** If you are under 18 years of age, you must have a parent's or legal guardian's signature.
- 5. The processing fee is \$35 for the first camp and \$350 for each additional camp, except winter camp and bike camp.** If you wish to attend more than one camp, complete just **one** application, but you must list each camp you wish to attend and enclose the correct amount of money.
- 6. SIGHTED GUIDE INFORMATION:** You must be able to walk on your own and care for your own needs. Otherwise you are expected to provide, and pay the costs for, a personal sighted guide. Contact the National Camps for the Blind office for sighted guide fee at (402) 488-0981, ext. 222. Individuals with multiple disabilities may not be eligible to attend camp.
- Detach and mail **COMPLETED application and money** to cover the processing of your application to:  
  
National Camps for the Blind  
P.O. Box 6097  
Lincoln, NE 68506-0097
- Your attendance at camp is subject to receiving an acceptance letter.
- Do not make plane reservations until you have been accepted to camp.

Do not staple anything to the application.

# NATIONAL CAMPS FOR THE BLIND 2010 CAMP APPLICATION

**INCOMPLETE APPLICATIONS WILL BE RETURNED (Print clearly)**

See the camp schedule for camp names and dates.

NCBC camp name \_\_\_\_\_ Camp dates \_\_\_\_\_

Attended NCBC before  Yes  No

**Camper's name** \_\_\_\_\_  
First Middle Initial Last

Mailing address \_\_\_\_\_  
Number & Street City State ZIP

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name camper goes by if different from first name \_\_\_\_\_

Legally blind: Central visual acuity that does not exceed 20/200 in the better eye with correcting lense; field of vision no greater than 20 degrees in it's widest angle (visual acuity of 20/200 means that a person can see at a distance of 20 feet what one with "normal" sight can see at 200 feet.)

Legally  Totally

Male  Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Month / Date / Year

T-shirt size (men's sizes)  S  M  L  XL  2XL  3XL

In emergency, notify Name \_\_\_\_\_  
First Last

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## MAIL APPLICATION AND PROCESSING FEE TO:



**National Camps for the Blind**  
PO Box 6097  
Lincoln, Nebraska 68506-0097

### OFFICE USE ONLY

Date Received \_\_\_\_\_

Process Fee Received \_\_\_\_\_

Check Number \_\_\_\_\_

Amount \_\_\_\_\_

Camp Code \_\_\_\_\_

Approved  Yes  No Pending \_\_\_\_\_

# CAMP HEALTH RECORD

**IMPORTANT** Please notify the camp if the camper is exposed to any communicable disease during the three weeks prior to camp attendance. Not recording true medical and/or mental condition is reason for dismissal or rejection.

## HEALTH HISTORY (Check and give approximate dates & causes.)

- Asthma
- Athlete's foot
- Seizures (date & cause of last one) \_\_\_\_\_
- Chronic or recurring illness \_\_\_\_\_
- Operations** (dates) \_\_\_\_\_
- Serious injuries** (dates) \_\_\_\_\_
- Bedwetter** (Bring Pull-ups/Depends/or equivalent for the entire week.)
- Heart trouble
- Diabetes
- Kidney trouble

### Allergies

- Insect stings
- Other drugs \_\_\_\_\_
- Penicillin

## HANDICAPS

- Can camper sleep on top bunk?  Yes  No
- Mental (to what extent?) \_\_\_\_\_
- Physical (to what extent?) \_\_\_\_\_

# INSURANCE & MEDICAL

## INSURANCE INFORMATION

Name of Insurance Company \_\_\_\_\_

Insurance Company Telephone \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

## RESTRICTIONS

National Camps for the Blind **ARE NOT** staffed to care for campers with mental and/or physical problems that require professional staff. Campers must be able to walk on their own and care for personal needs. Otherwise campers are expected to provide, and cover the costs for, sighted guides. Those with multiple disabilities may not be eligible. Persons who cannot control their bowels should not attend camp.

- Camper can perform daily hygiene activities **unassisted** (dress, comb hair, etc.).
- Camper can perform daily personal activities **unassisted** (eating, restroom, etc.).

Reason camper cannot perform activities unassisted \_\_\_\_\_

# CAMP HEALTH RECORD

## IMMUNIZATION

NCBC urges each camper to make sure that all immunizations are up to date. Campers **MUST** have had a tetanus shot within the past 10 years.

Last tetanus booster date \_\_\_\_\_

## MEDICATIONS (Campers must bring medicines in original containers to camp)

Meds _____	Dosage _____
Meds _____	Dosage _____
Meds _____	Dosage _____
Meds _____	Dosage _____
Meds _____	Dosage _____
Meds _____	Dosage _____

## VISUAL ACUITY (please answer)

Uncorrected Left 20/ \_\_\_\_\_ Right 20/ \_\_\_\_\_

Corrected Left 20/ \_\_\_\_\_ Right 20/ \_\_\_\_\_

If your eyes are better than 20/200, why are you considered legally blind? \_\_\_\_\_

## MEDICAL EXAMINATION (Required)

To be completed by camper's primary care licensed physician or nurse. This examination should be performed not more than 12 months before arrival at camp for determining fitness to engage in strenuous activities.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood pressure \_\_\_\_\_

General appraisal \_\_\_\_\_

List Restrictions (if any) \_\_\_\_\_

I have examined the person herein described and have reviewed their health history. It is my opinion that they are physically able to engage in camp activities, except as noted above.

**Licensed Primary Care Medical Professional** \_\_\_\_\_  
Signature

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State ZIP

Phone \_\_\_\_\_ Date \_\_\_\_\_

# CONSENT & RELEASE

Please read carefully and sign below. **IT IS MANDATORY THAT THIS BE SIGNED.**  
**Your application will be returned if it is NOT signed.**

## TRANSPORTATION TO AND FROM CAMP IS YOUR RESPONSIBILITY!

- ★ I release the camp, its management, Christian Record Services, and National Camps for the Blind from liability in case of accident or illness and do further indemnify and hold harmless such entities and persons from such claim.
- ★ In case of a **medical emergency**, I hereby give permission to the physician selected by the camp director or healthcare personnel to secure proper treatment and/or to hospitalize as deemed necessary.
- ★ I understand that campers may be photographed, videographed, and/or interviewed for use in news media, publications, or promotionals. I consent for National Camps for the Blind to use all photographs, quotes, and recordings.
- ★ The \$35 (**nonrefundable**) processing fee is enclosed with the application. (If attending additional camps, the \$350 for each must be enclosed also.)
- ★ My primary care medical person has signed the medical information.
- ★ All information is correct to the best of my knowledge.
- ★ I agree to cooperate with the camp staff and National Camps for the Blind staff.
- ★ I agree not to engage in illegal or prohibited activities.
- ★ I understand and agree to abide by the restrictions placed on my camp activities.
- ★ I understand that smoking, use of illegal drugs, alcohol, tobacco products, firearms, explosives, and sexual promiscuity are **not** permitted at camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am the  Parent  Legal Guardian  Adult Camper  Caregiver

(All campers under 18 years old must have parent's or guardian's signature.)

# INFORMATION

**MOST CAMPS** — Designed for ages 9 to 65.

**WINTER CAMP** — Campers must be physically fit so that they can participate in winter activities. Snow Mountain Ranch is for ages 14 to 30. Camp AuSable is for ages 14 to 65.

**OBJECTIVES** — To discover undeveloped potential, increase self-confidence, improve mental and physical vigor, and develop an appreciation for God's love and care.

**ELIGIBILITY** — Legally blind persons age 9 and over are eligible on a nondiscriminatory basis. **The medical exam must be signed by your doctor before your application can be processed. Campers with multiple disabilities may not be eligible.** Some camps are not wheelchair accessible.

**REASON FOR DISMISSAL AND REJECTION** — National Camps for the Blind has the right to reject or send a camper home, **at the camper's or caregiver's expense**, for the following reasons:

1. Falsifying the application
2. Engaging in illegal or prohibited activities
3. Not cooperating with the camp staff and National Camps for the Blind staff
4. Recording false medical and/or mental condition

**ARRIVAL AND DEPARTURE** — Registration begins at 4:00 p.m. on the day that camp starts, and departure time on closing day is between 8:00 and 9:00 a.m., except where otherwise designated in the acceptance letter.

**TRANSPORTATION** — Campers are **RESPONSIBLE** for their own transportation to and from camp. Christian Record Services assumes no responsibility for the transportation of blind or visually impaired campers to or from any of its camps.

**COST AND INSURANCE** — National Camps for the Blind is sponsored by Christian Record Services for the Blind. These camps are made available through financial gifts from civic-minded individuals. **There is a nonrefundable application processing fee of \$35** for the first camp plus \$350 for each additional camp. (Winter camp and bike camp are excluded from the \$350 fee.) Mail the processing fee along with the application to NCBC.

**NOT ALLOWED AT CAMP** — No smoking, alcoholic drinks, drugs, firearms, or explosives are allowed at camp. Sexual activity is not allowed at camp.

## ***INFORMATION CONTINUED***

**FACILITIES** — Special safety precautions are taken in all areas of the camps program. The ratio of counselors is one to every three or four campers. Medical staff is on duty 24/7.

**ACTIVITIES** — The activities will vary at each camp, depending on facilities and equipment. Some of the activities are archery, campfire, mini-bikes, talent night, canoeing, rappelling, tandem bicycling, beeper baseball, rock climbing, touch-and-feel trail, crafts, tubing, hiking, sailing, water-skiing, camp council, horseback riding, swimming (snow skiing, sleighing, and snowmobiling at winter camp), and much more.

**NOTICE OF POSSIBLE CHANGES** — Christian Record Services for the Blind plans far in advance for its camps, with the full intention of holding each camp scheduled. It may become necessary, however, to reschedule, relocate, or cancel a specific camp.

Christian Record Services for the Blind assumes no financial liability for such changes. To confirm a camp date or location, please call the Christian Record Services home office at (402) 488-0981, ext. 222. Camp dates and locations are also posted on our Web site at [www.christianrecord.org](http://www.christianrecord.org).

National Camps for the Blind  
PO Box 6097  
Lincoln, NE 68506

**Free  
Matter  
for the  
Blind**