Lions Camp Merrick
Diabetic Program Camper Application

The youth listed below desires to participate in the Lions Camp Merrick Diabetes Program during the following session(s): (Sessions are filled on a first come basis)

Please check the appropriate session(s): ___Family Camp June 19-22
_____Week 1 June 24-29 ____Buddy Week July 1-6

CAMPERS WHO ATTEND MULTIPLE SESSIONS MAY NOT STAY AT THE CAMP OVER THE WEEKEND BETWEEN SESSIONS

Camper Information

Camper's name _____ DOB _____

Age @ Camp _____ Sex: ___ Male ____ Female

Nickname _____ Race _____
Emergency Contact:

Name: _____ Relationship: _____

Number: (___) _____

Name: _____ Relationship: _____

Number: (___) _____

Camper T-shirt size: CHILD __small ___medium ___large

ADULT ___small ___medium ___large ___XL ___other ____

Address _____ Phone ( ) _____

City _____State _____ Zip _____County _____
E-mail _____
SSN_____

Name of school attending _____

City _____ State _____

Is camper Diabetic **Type 1**? ___Yes ___No Diabetic **Type 2** ___Yes ___No

Takes insulin? ___Yes ___No Insulin Rx name: _____

Does camper use a pump? ___Yes ___No

The Social Security Number is needed for identification purposes and may be required / used in case of a medical emergency. LCM does not, and will not, release any information regarding the child without the consent of the parent or guardian.

Parent or Guardian Information Parent/Guardian

_____Relationship _____

Address _____ Phone ( )

_____ City _____

State _____ Zip _____ E-mail

_____Cell phone ( ) _____

Remit $50 non-refundable registration fee along with registration to:

LCM, PO Box 56, Nanjemoy, MD 20662

Please make check payable to:

Lions Camp Merrick (Payments can also be made on UltraCamp or call to have an invoice sent through PayPal). Camper participation fees are $1,000 per week and are due a minimum of two weeks prior to the start of camp. For session 2, siblings are allowed to come, they have a participation fee of $600.

___ I am interested in receiving financial assistance to send my child to Lions Camp Merrick. Please send sponsorship information and an application package to the address listed above (Parent or Guardian Information).

___ Family Camp: One camper and up to three family members. All participants must be at least **five** years old. There is a $50 registration fee along with the participation fees of $200 per family member.

	Name	Relationship	Sex	Age	T-shirt size
1.	_____	_____	____	____	_____
2.	_____	_____	____	____	_____
3.	_____	_____	____	____	_____

Lions Camp Merrick
Notice of Privacy Practice

APPLICANT NAME: _____

In accordance with the HIPAA (Health Information Portability and Accountability Act), this notice describes how health information about you may be used and disclosed. Please review it carefully. The privacy of your health information is important to us.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice took effect April 14, 2003 and remains in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time; provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practice and the new terms of this notice effective for all health information that we maintain, including health information we created or received before we made these changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available to you.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare professional or provider who is or may be providing treatment to you.

Payment: We may use and disclose your health information to obtain payment or assist a medical facility in obtaining payment for services we provided or assisted in providing for you.

Healthcare operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you

APPLICANT NAME: _____

may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To your family and friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare. This person is the one you have designated on your application to be your emergency contact person.

Others involved in your healthcare: We may use or disclose health information to notify, (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures (if not a minor). In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Research: We may disclose your protected health information to researchers when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the information, and approved the research. In addition, we may disclose your protected health information as part of a limited data set for purposes of research, public health or healthcare operations.

Marketing health-related services: We will not use your health information for marketing communications without your authorization.

Required by law: We may use or disclose your health information when we are required to do so by law.

Abuse or neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

APPLICANT NAME: _____

National security: We may disclose to authorized federal officials' health information required for lawful intelligence, counterintelligence and other national security activities.

Camp practices: We may use e-mails, voicemail messages, faxes or letters, to obtain your health information pertinent to care that we will provide to you.

Electronic notice: If you receive this notice by electronic mail (e-mail), you are entitled to receive this notice in written form. Renewal will be annually.

Questions: If you have any questions or concerns, contact us at the address or phone number below.

Contact person: Director

Lions Camp Merrick

P.O. Box 56

Nanjemoy, MD 20662

Phone: 301-870-5858

E-mail address: director@lionscampmerrick.org

In signing this form you agree that you have read and reviewed a copy of this notice and you also agree that we may disclose health information to the family member (s) and emergency contact person (s) you have designated on your application.

_____

APPLICANT/PARENT/GUARDIAN SIGNATURE DATE

Medical Information: To be completed by parent/guardian (if camper is a minor).

The intent of this information is to provide camp healthcare personnel with background information for appropriate care. Keep a copy of the completed forms for your records. **THIS FORM MUST BE COMPLETED AND RETURNED THREE (3) WEEKS PRIOR TO YOUR CAMPING SESSION.**

Applicant Name:_____

Name and Phone # of family member - other than parent/guardian – who will be available in case of emergencies during entire camping session.
Name:_____Cell Phone:_____

Daytime Phone:_____ Evening Phone:_____
Family Physician: _____Phone:_____
Endocrinologist: _____Phone:_____

Social Worker/Psychologist: _____Phone:_____

Other: _____ Phone:_____
Relationship/Title:_____

Allergies List all known Describe reaction and management of the reaction

Medication allergies: _____ _____

Food allergies: _____ _____

Other allergies: _____ _____

Who will pick up applicant at the end of camp? _____

Relationship? _____

Please include any other information about your child that may help us make his/her camp experience more enjoyable. Attach additional sheets if necessary:

Lions Camp Merrick Photo/Video Release

I, _____, the parent of / legal guardian of _____ give Lions Camp Merrick my permission to use the photographs/videos for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use. OR

I, _____, the parent of / legal guardian of _____ DO NOT give Lions Camp Merrick my permission to use the photographs/videos for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Parent/Guardian's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

PERMISSION TO APPLY SUN SCREEN and/or INSECT REPELLENT

(MUST BE SIGNED BY BOTH PARENT/GUARDIAN AND PHYSICIAN)

I, _____, (parent or guardian) do hereby give permission to allow _____ (name of child) and/or the assigned counselors/representatives of Lions Camp Merrick, to apply or assist with the application of, the sun screen and/or insect repellent which has been provided by me, while the child is participating in activities at Lions Camp Merrick in Nanjemoy, MD.

Furthermore, I attest that, to the best of my knowledge, the camper is not allergic to the sun screen and/or insect repellent which has been provided.

Name of Sun Screen: _____
Name of Insect Repellent: _____
Permission granted by:

Printed name of Parent/Guardian: _____
Signature: _____ Date: _____

Attested:

Printed name of Physician: _____
Signature: _____ Date: _____

Physician's Medical Report To be completed by medical personnel only!

Problems/Challenges Camper Name _____

	YES	NO		YES	NO
Do you have/ever had Chronic Injury/Illness			Eating Disorder/Ulcer/Stomach Aches		
Heart Problems/Chest Pain during/after exercise			Diabetes: Type 1 ____ Type 2 ____		
Ever been hospitalized or had surgery			Ever had Tuberculosis		
Dizziness/passed out during/after exercise			Hypoglycemia/Low Blood Sugar		
Had mononucleosis/strep/infectious disease in the past 12 months			Do you have Hepatitis		
Problems with diarrhea/constipation			Glasses/Contacts/Eyewear		
Kidney Problems/Urinary Tract Infection			Ear Infections/Eye Infections		
Bladder Control/Bedwetting			Deaf/HOH		
Problems with joints (knees, ankles, back problems)			Hearing aids Left ____ Right____		
Have an orthopedic appliance/mobility problems			Asthma/Breathing Problems/Sinusitis		
Skin Problems/Athletes Foot			High Blood Pressure		
Abnormal Menstrual History (female camper only)			Frequent Headaches/Seizures		
Difficulty Sleeping			Ever had head injury/knocked unconscious		
Emotional Difficulties/Compulsive Behavior/ Inattention			Other		
Was help sought for any of the above?					

If answered yes to any of the above, please explain:

Applicant Name:_____ DOB:_____ SEX: M F

Dietary Restrictions: Does not eat: □ Red meat □ Eggs □ Dairy □ Pork □ Poultry □ Seafood □Other:_____

Other restrictions or limitations: (what cannot be done, what adaptations or limitations are necessary)

Medications: (check one)

_____Applicant takes NO medications on a routine basis.

_____This person takes medications, see below.

Please list all medications being taken routinely (including over-the-counter herbal or non-prescription drugs). Bring enough medication to last the entire time at camp. Keep all medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of dosage.

Med #1 _____ Dosage _____

Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____

Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____

Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications. Identify any medications taken in the past year that participant will/will not take during the summer (i.e. Ritalin, Zoloft):

_____

Applicant Name:_____ DOB:_____ SEX: M F

Which of the following has the applicant had or has been exposed to?

___ Measles ___ Mumps ___ German Measles ___ Tuberculosis ___ Chicken/Small Pox

___ Diphtheria ___Hepatitis A ___ Mono ___ Hepatitis B ___ Strep ___ Hepatitis C ___ Polio ___ Rheumatic Fever

Immunization Record. All Applicants under 18. Please give dates of immunization or attach current copy. (Out of state participants must comply with Maryland requirements.)

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
PT/TD	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
Measles	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____
Rubella	_____	_____	_____	_____	_____
Haemophilus Influenza	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____

Height: _____ Weight: _____ Pulse: _____

Respiration: _____ BP: _____

Date of last Glycosolated Hemoglobin: _____/_____/_____
Result:_____ Normal Range:_____

Tuberculosis/Mantoux Test Must be within last 12 mo. (STAFF 18 and Over)

Date of last test _____ Result: Positive Negative

Health Care Recommendations by licensed Medical Personnel

The purpose of this examination is to determine that the applicant is physically fit to engage in strenuous camping activities without harm to himself/herself and does not have a contagious or infectious condition that could be conveyed to others.

CODE: Satisfactory = X Unsatisfactory = U (EXPLAIN CONDITIONS BELOW) Not Applicable = NA

Applicant Name:_____ DOB:_____ SEX: M F

____ Eyes _____ Glasses ____ Ears ____ Hearing Impaired ____ Hearing Aids Left/Right

____ Heart _____ Teeth ____ Nose ____ Throat/Tonsils ____ Lungs ____ Extremities _____ Feet

____ Athlete's Foot ____ Posture ____ Abdomen ____ Hernia _____ Urinalysis ____ Genitalia ____ Menstrual History ____ Other

Explanation of Unsatisfactory Findings:

_____

_____

_____

List any illnesses, surgery or infectious diseases the applicant may have had in the last twelve (12) months:

_____

_____

In my opinion, the above individual (IS / IS NOT) able to participate in an active camp program.

Restricting Condition and Explanation:

_____

_____

Medications to be taken at camp (name, dosage, frequency): Please attach additional pages if needed.

_____

_____

Known allergies:

_____

_____

Any medically prescribed meal plan or dietary restrictions:

_____

_____

_____

Any other health problems, physical or emotional disabilities:

_____

Applicant Name:_____ DOB:_____ SEX: M F

Additional information for heath care staff at camp:

_____

Name, contact information and signature of Physician or Other Licensed Personnel (REQUIRED)

Print Name _____

Title (if other than physician)_____

Address _____

City _____State _____ Zip _____

Phone _____

Date_____

My License expires on _____ Signature _____

Insurance Information and Authorizations

Applicant Name:_____

Insurance: Please attach a copy of your Insurance or Medicaid Card. Also, attach completed and signed insurance forms along with referrals/authorizations if they are appropriate.

Insurance Co._____
Policy _____Group_____
Subscriber's Name_____
Relationship to camper _____
Claims Address: _____
City_____State_____ Zip _____
Insurance Co. Telephone (_____) _____
Medicaid/Medicare Card # _____
Cardholder Name _____
Eligible for Medicaid Yes ____ No ____ From Date: _____
Expiration Date: _____

Authorizations:

Insurance/Services: I understand that there is no group medical coverage for services rendered or to be rendered and I hereby assign and transfer any benefits otherwise payable to me for my benefit under hospitalization, health or accident insurance, any other insurance coverage, to include major medical benefits, for the payment of services rendered. If a Medicare or Medicaid 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 in my behalf. I understand that regardless of my assigned insurance benefits, I am responsible for total charges in consideration for services rendered

INITIALS _____

Medical Release: I authorize release of any medical information requested by representatives of local, state or federal agencies, insurance companies or other organizations as may be required. The health history is correct and complete as far as I know. I give permission to the camp to provide routine health care, administer prescribed medications, as well as over the counter medications (including sunscreen and insect repellent), and seek emergency medical treatment onsite or via EMT, Ambulance and/or including x-rays or routine tests. (In addition, For Diabetes Camp ONLY I give permission for insulin dosage changes and daily glucose monitoring as deemed necessary by the NP or

physician.) I agree to the release of any records necessary for insurance purposes. I authorize the Camp to arrange emergency and follow-up related transportation. In the event a family member or guardian cannot be reached in an emergency, I authorize the physician selected by the camp to secure and administer treatment, including hospitalization, injection, anesthesia or surgery as well as follow-up treatment as needed.

INITIALS _____

HIV: I authorize the Camp medical staff to make arrangements and obtain specimens for documentation of the HIV/HBV status on the person named above. I understand this will only be performed in a situation of an occupational exposure incident that involves the camper/staff. An occupation exposure incident is defined as a situation when camper/staff has been in contact with blood, body fluids or potentially infectious materials from a camper/staff (e.g. the employee accidentally touches a bleeding wound). Regulations require that we perform measures to prevent exposure incidents; however, if an incident does occur, the staff and camper involved should be tested. Blood tests will be performed by a nearby local hospital/clinic. I understand that all results will be given to me and that the Camp will not disclose the results of these tests to others except as required by law or as necessary to safeguard the well being of health care professionals, Camp medical staff, or other persons at risk. I understand that the absolute confidentiality of the test results cannot be guaranteed although all measures required by law to ensure confidentiality will be followed and that the results will be placed in the Lions Camp Merrick Exposure Control record in the camp office.

INITIALS _____

Hold Harmless: I do hereby agree to indemnify and hold Lions Camp Merrick and its directors, agents, volunteers, and/or employees harmless from any and all damages, claims, expense or costs of whatever nature, causes of action, suits and liability of every kind including attorney fees, for injury to or death, or for damage to any property, arising out of or in connection with use or occupancy of the premises or participation in the Camp programs, except where such injuries, death or damages are caused in whole or in part by the negligence of Lions Camp Merrick, or joint negligence of Lions Camp Merrick and any other person or entity employed by the Camp.

INITIALS _____

Search and Seizure: As a condition of participation and in order to provide a safe environment for all persons, Lions Camp Merrick adopts a policy of reasonable search and seizure of any person or personal property in situations of suspected theft, illegal drugs, or possession of contraband items such as weapons, fireworks and alcohol. Your signature

and initials on this document will be deemed as a written consent to such reasonable searches and seizures and a waiver of all claims against Lions Camp Merrick for conducting the same.

INITIALS_____

Consent: The applicant agrees to attend and participate in activities at Lions Camp Merrick. I understand that the program may include field trips and canoe trip/over-night camp outs which may include transportation from and to the Camp and give permission to participate in such field trips, high ropes, low ropes, swimming, sports games and archery. I understand that pictures, audiotapes, and videotapes may be taken for use in publicity that is in the proper interest of the Camp and agree to this.

INITIALS _____

_____ _____

Signature of parent/guardian/applicant Printed name of parent/guardian/applicant Date

Lions Camp Merrick Behavior Policy

In order to ensure a safe, healthy environment for all campers, the following rules will apply and will be strictly enforced:

1. Applicants will not be abusive toward others or self. This includes bullying, harassment, or otherwise verbal or physical abuse.

2. Applicants will not take or misuse items/property belonging to other applicants, staff, or the camp facility.

3. Applicants will follow instructions given by counselors/staff having supervisory responsibility over them.

4. Applicants will stay on camp property at all times and will not leave designated areas without permission.

5. Use of alcohol (beer, wine, liquor), tobacco products, and /or illegal drugs is not permitted.

6. Possession of weapons is not permitted.

Breaking the rules will result in immediate dismissal from camp. Campers will not receive a refund if sent home for behavior reasons.

Lions Camp Merrick reserves the right to inspect all applicants' luggage, including personal belongings, at any time during the camp session.

APPLICANT: I understand and agree to abide by the above rules and to any restrictions placed on my participation in camp activities.

Applicant Name: _____ Session(s) _____

_____ _____

Signature of Applicant Date

PARENT/GUARDIAN: I understand the above rules and consent to the above discipline policies of Lions Camp Merrick. I agree that if called to pick up my child due to discipline reasons that I must make arrangements for pickup on the same day as called. (Lions Camp Merrick reserves the right to call in County Child Services if a child is not picked up).

_____ _____ _____

Signature of Parent/Guardian Relationship Date

LIONS CAMP MERRICK Swimmer Ability Form

This form will be made available to the Waterfront/Water Safety Instructor (s).

Camper Name: _____ Nick Name: _____
Session(s):_____ Age: _____ Gender: _____ Weight: _____
Height: _____

Swimming Abilities (circle the correct response):

1. Is camper independent in shallow water? _____Yes _____ No _____ unknown

2. Is camper independent in chest-high water? Yes No unknown

3. Is camper independent in deep water? Yes No unknown

4. Is camper afraid of water? Yes No unknown

If answered yes, please describe any experience in the past that might have caused such a fear: _____

5. Will camper need assistance getting in or out of the pool? Yes No

6. Can camper swim independently? Yes No

If yes, describe swimming strokes and techniques he or she can do:
_____

7. Is camper sensitive to pool water in any way? (allergies, sensitive to sun, ear trouble, etc). Yes No Explain as necessary
_____

8. Does camper need or use a flotation device? Yes No

9. Please list any special concerns we should be aware of:
_____
_____
_____ _____

Signature of Parent/Guardian Date

LIONS CAMP MERRICK Meal Plan

To be completed by Parent/Guardian (if applicant is a minor)

Applicant's Name: _____

Please be sure to complete all appropriate sections of this form. It is also important that accurate information is given. Please do not list what your prescribed meal plan is unless that is what you follow at least ¾ of the time. We want to know what you are actually eating.

While at camp, diets may be altered to accommodate the increased energy needs often required because of more vigorous activity. Be assured that a Registered Dietician, who works often with children and adolescents with diabetes, will be making any changes that are necessary.

Usual Meal Plan at Home – please check one:

_____ No Concentrated Sweets ____ Exchange Lists _____ Carbohydrate Counting

Please record pattern:

_____

_____

Exchange Pattern; Specify number of Calories:

_____

Please record pattern:

_____

_____

Please list two examples of foods and amounts for meals/snack that might be eaten. (If the applicant is over 12 years old, please allow them to complete this section). We will use the examples given to devise a meal plan. Please be sure this information is as close to usual as possible.

BREAKFAST

Example 1:_____
Example 2:_____

MORNING SNACK

Example1: _____
Example 2:_____

LUNCH

Example 1:_____

Example 2:_____

AFTERNOON SNACK

Example 1:_____

Example 2:_____

EVENING MEAL

Example 1:_____

Example 2:_____

BEDTIME SNACK:

Example 1:_____

Example 2: _____

INSULIN DOSES INFORMATION FORM

Applicant's Name: _____ DOB: _____ Session(s) _____

Does the applicant usually give his/her own injections? Yes _____ No_____

Insulin Regimen (circle all that apply):

Brand: EliLilly Novo-Nordisk

Type: NPH Regular Humalog UltraLente 70/30 Humalog 75/25

Lente Novalog Lantus 50/50

Devices: Pen Injector Pump Other: _____

What is applicant's insulin routine at the present time? (include amount and type of insulin):

(Dosages may change prior to camp. Please bring an updated copy of applicant's insulin regiment on day of check-in.)

TYPES AND UNITS (example 15N/3H)	PUMP DOSES List basal rates and meal boluses below
Breakfast _____	_____ _____
Snack _____	_____ _____
Lunch _____	_____ _____
Snack _____	_____ _____
Dinner _____	_____ _____
Snack _____	_____ _____

(Attach Sliding Scale on an additional sheet if necessary)

Does applicant have an insulin pump? Yes No

If yes, which type and brand name? _____

What is their CHO: Insulin ratios?_____

What is the sliding scale you use when applicant is above target?_____

Does applicant require any assistance with operating the pump or infusion set? Yes No

If yes, please explain:

_____

How often does applicant experience low blood sugars? Occasionally Frequently Never
Does applicant recognize early signs of low blood sugars? Yes No

What are applicant's symptoms (blurry vision, shaky, sweaty hands)?_____

What do you use to treat low blood sugar? _____

Has applicant ever has a severe low and or a hypoglycemic seizure? Yes No

If yes, when? _____

How do you feel applicant has adjusted to diabetes? _____
_____

What goals, concerns or recommendations do you have for the applicant while at camp?
_____

Please mail/email this form along with the forms listed below to the Camp Administrative Office:

❑ I have received my Lions Camp Merrick Parents' Information Handbook (Keep as a Reference).

❑ I have enclosed the following:

❑ Notice of Privacy Practices – HIPAA Form which is signed and dated.

❑ Insurance/Authorizations Form - completed, initialed and signed.

❑ Medical Information Form - completed and signed.

❑ Physician's Medical Report along with Immunization Record - signed and dated.

❑ Insulin Dose Information Form (Diabetes Camp Only) – completed.

❑ Meal Plan Form (Diabetes Camp Only) – completed.

❑ Behavior Policy - signed and dated.

❑ Swimmer Ability Form - completed, signed and dated.

❑ Photo/Video Waiver

❑ I have included a check or money order for the appropriate camper fee.

❑ A one-time $50 Registration Fee has been submitted.

❑ I HAVE ENCLOSED A FRONT AND BACK COPY OF APPLICANTS INSURANCE CARD AS WELL AS A RECENT PHOTO.

Return all forms to:

Lions Camp Merrick

PO Box 56 Nanjemoy, MD 20662

-or-

Email to: director@lionscampmerrick.org

Camper Name:_____

Please submit forms at least three weeks prior to camping session