



7050 Camp Dogwood Drive
PO Box 39, Sherrills Ford, NC 28673
800-662-7401, www.nclionscampdogwood.com
Sponsored by North Carolina Lions Foundation, Inc.
Sandy Lazenby
Camp Dogwood Director

January, 2010

Hello Youth Campers and Parents/Legal Guardians,

Camp Dogwood is planning for another great summer. We hope you are making plans to join us. We will be accepting youth campers from 8 to 17 years of age.

We have made some changes to our application packet, so please read it or have it read to you carefully. **All youth campers are required to turn their medications into the nurse, and all prescription medications must be in the original pharmacy bottle with the label intact. All other medications should be marked with camper's name and the label intact. Failure to do this may result in your youth camper not being able to stay at camp. Youth campers are also required to turn any moneys into the Camp Director.** It is very important that your **application packet is filled out completely** and returned as soon as possible to ensure your placement to come to camp. **All incomplete forms will be returned to you and this will delay your placement.** Application packets are dated; **the 2010 packets are the only acceptable forms.** We do not accept faxed forms. Once we process your completed application packet, we will send you a confirmation informing you of your acceptance to attend camp. **If for any reason you are unable to attend your scheduled session of camp, please notify the camp office as soon as possible by calling 1-800-662-7401 ext. 229. Please leave a message including your name and telephone number if no one is available to take your call. Failure to notify the camp office will result in your next application being processed last.**

Parents or guardians: The rules and regulations will be followed, so please go over them with your camper. The rules and regulations must be signed by both the camper and parent/legal guardian and returned before the camper will be confirmed to come to camp.

Fees are \$100.00 per session for NC blind and visually impaired.

If I can answer any questions/concerns please contact me at sandy@nclf.org or 828-478-2155 ext. 229. You may also visit our website at www.nclionscampdogwood.com. Thank you for allowing us to be a part of your child's life this summer.

Thank you,

A handwritten signature in cursive script that reads "Sandy Lazenby".

Sandy Lazenby
Camp Dogwood Director

2010 Youth application packet

**NORTH CAROLINA LIONS FOUNDATION
CAMP DOGWOOD**

2010 RULES AND REGULATIONS FOR YOUTH WEEK CAMPERS

July 11 - July 17, 2010 For ages 8 - 17

PLEASE READ AND DISCUSS THOROUGHLY WITH CAMPER

**THIS FORM MUST BE SIGNED BY PARENT/LEGAL GUARDIAN AND CAMPER AND
RETURNED BEFORE CAMPER WILL BE CONFIRMED TO COME TO CAMP.**

1. No alcoholic beverages, illegal drugs, tobacco products, or weapons may be in a camper's possession or consumed by a camper while on camp premises or any camp transported off-campus trip. Parent/legal guardian will be contacted if any camper is found in violation of this regulation and they will need to pick up their child.
2. **Medications:**
 - **All medications must be turned in to the nurse upon arrival.**
 - **All prescription medications must be in the original pharmacy bottle with the label intact.** All other medications should be marked with camper's name and the label intact. **Failure to do this may result in your youth camper not being able to stay at camp,**
 - **Should your medications or doses of your medications change from the medical form list; it is your responsibility to provide us with an updated list prior to or upon your arrival at camp.**
 - If a camper should forget to bring their medicine and the camp must purchase it for them, the camper's parent/guardian will be billed for the purchase price plus any necessary phone calls relating to the situation.
3. **Should your medical conditions change from the medical form; it is your responsibility to update this information prior to or upon your arrival at camp**
4. Should you require a wheelchair, walker, etc., it will be necessary for you to bring your own. Camp Dogwood will not furnish these items. Campers must be able to provide their own personal care skills, such as eating, bathing, dressing, and toileting.
5. All campers must be able to eat, bathe, dress, and toilet independently.
6. Money: **Any money left with campers must be checked in at the office and left in our supervision.** Campers will not need much money. However, we do have a camp store/snack bar. Souvenirs include T-shirts, caps, mugs, stuffed animals, post cards, snacks, and more. A free T-shirt will be given to each youth camper.
7. Pets: No pets are allowed. Certified guide dogs are welcome. Owners are responsible for the behavior of their dogs and any damage caused by them.
8. Supervision: All youth are subject to the supervision of staff and volunteers. There will be **zero tolerance for any fighting, public display of affection, continuous behavior problems, stealing, making any sexual remarks to anyone while at camp or refusal to cooperate with staff. Parent or guardian will be contacted immediately if this should occur and they will need to pick up their child.**
9. Accidents: Should your child be injured in any way while at camp, you will be contacted as soon as possible.

**NORTH CAROLINA LIONS FOUNDATION
CAMP DOGWOOD**

2010 RULES AND REGULATIONS FOR YOUTH WEEK CAMPERS continued

10. **If for any reason you are unable to attend your scheduled session of camp, please notify the camp office as soon as possible by calling 1- 800-662-7401 ext. 229. Please leave a message including your name and telephone number if no one is available to take your call. Failure to notify the camp office will result in your next application being processed last.**
11. **Visitors: All parents/legal guardians are welcome, but must sign in at front desk immediately upon arrival, and receive a visitors badge to be worn while on property. Visitors are not allowed to participate in camp activities. Visits are allowed in the Lodge only.**

I have read and discussed the Camp Dogwood rules and regulation with my child attending Camp Dogwood. We both understand these rules and regulations must be followed to ensure a fun and safe week at Camp Dogwood, and agree to abide by them.

Parent/Legal Guardian signature _____

Camper signature _____

Print Camper's Name _____

**NORTH CAROLINA LIONS FOUNDATION
CAMP DOGWOOD YOUTH WEEK 2010
THINGS YOU SHOULD KNOW ABOUT CAMP**

CAMP PHONE AND ADDRESS:

The Camp Dogwood business telephone number is (828) 478-2155 Ext. 229. This number is for campers to call for camp information or emergency calls from family while campers are here. You may call this number at any time to check on your youth. Campers are allowed to use the telephone, but must call collect or have a calling card. Your mailing address at camp is Camp Dogwood, PO Box 39, Sherrills Ford, North Carolina 28673. Our physical address is 7050 Camp Dogwood Dr., Sherrills Ford, North Carolina 28673.

WHEN DO I ARRIVE?

Youth campers should arrive between 1:00 p.m. and 5:00 p.m. your first scheduled day. However, if this is not possible, please contact the camp director to make other arrangements *as soon* as possible. **Please note: Camp Dogwood gates will not open until 1:00 p.m. on Sunday.** Registration will be in the Robert William and Margaret Settle Joyce Lodge and the staff is off duty until registration. Time off to our staff is very limited, so please respect the fact that no one is on duty until 1:00 p.m. No food is served until the evening meal at 5:45 p.m. Please do not plan to arrive before 1:00 p.m.

WHEN DO I LEAVE?

When arriving to pick up your child you must show identification before child is released. Your child will only be released to the person indicated on the 2008 Camp Dogwood Transportation Information form. All youth must be picked up by 11:00 a.m. If this is not possible, contact the camp director before date of departure. No meal is served after breakfast. Again, let us remind you all staff is off duty at 11:00 a.m.

WHAT DO I BRING TO CAMP?

1. All linens are furnished - bedding, towels, washcloths and soap.
2. Clothing: Bring enough clothes for seven days. Casual clothes are recommended. However, we usually have a dance on Friday and you may wish to have one dress-up outfit, but this is optional. Be sure to send swimsuit and plenty of sunscreen. **Please tag all luggage with name and address of camper.**
3. Personal items: Any needed toilet articles. Camp Dogwood will not be responsible for the personal property of campers.
4. Musical instruments may be brought to camp.
5. No special diets are available at camp.

HOW TO REACH CAMP DOGWOOD:

Camp Dogwood is located about 15 miles from Mooresville, 15 miles from Lincolnton, 30 miles from Hickory and 30 miles from Charlotte.

FROM THE NORTH TO CAMP DOGWOOD: Take I-77 South to Exit #36, turn right onto Hwy. 150 West and go to Terrell, about 8-9 miles. At Terrell, turn right onto Sherrills Ford Rd. go approximately 4 - 5 miles turn left onto Mt. Pleasant Rd. - Camp Dogwood is approximately 2 miles on your right.

**NORTH CAROLINA LIONS FOUNDATION
CAMP DOGWOOD YOUTH WEEK 2010
THINGS YOU SHOULD KNOW ABOUT CAMP continued**

HOW TO REACH CAMP DOGWOOD continued

FROM THE EAST TO CAMP DOGWOOD: Take I-40 West to Statesville, then take I-77 South to Exit #36 and turn right onto Hwy. 150 West. Go to Terrell, about 8-9 miles, at the light turn right onto Sherrills Ford Rd. go approximately 4-5 miles and turn left onto Mt. Pleasant Rd. - Camp Dogwood is approximately 2 miles on your right.

FROM THE WEST TO CAMP DOGWOOD: Take I-40 East to Statesville. In Statesville take I-77 South to Exit #36 and turn right onto Hwy. 150 West and go to Terrell, about 8-9 miles. At Terrell, turn right onto Sherrills Ford Rd. go approximately 4-5 miles turn left onto Mt. Pleasant Rd. - Camp Dogwood is approximately 2 miles on your right.

FROM CHARLOTTE TO CAMP DOGWOOD: VIA HWY 16: Take Hwy. 16 North, Turn right onto Hwy.150 East - approximately 2 miles to General Store (this is the first left turn). Turn left onto Mt. Pleasant Rd. - approximately 4 miles; Camp Dogwood is on your left.

FROM CHARLOTTE TO CAMP DOGWOOD: VIA I-77: Take I-77 North to Exit #36, turn left onto Hwy. 150 West and go to Terrell, about 8-9 miles. At Terrell, turn right onto Sherrills Ford Rd. go approximately 4 - 5 miles. Turn left onto Mt. Pleasant Rd. Camp Dogwood is approximately 2 miles on your right.

NORTH CAROLINA LIONS FOUNDATION, INC.
2010 CAMP DOGWOOD YOUTH WEEK APPLICATION
JULY 11 – 17, 2010 For ages 8 – 17

Please type or **print legibly** using dark ink. Applications accepted on a first come, first served basis. Return application, along with medical form as soon as possible. **NO CAMPER WILL BE APPROVED WITHOUT MEDICAL FORM COMPLETED AND SIGNED BY YOUR DOCTOR. Incomplete applications and medical forms will be returned.**

FOR CAMP USE ONLY

Session _____
 1st TC _____
 LC Sent _____
 Travel _____
 Fee _____
 Vision _____
 Confirm _____

NAME AND ADDRESS			
LAST	FIRST	INITIAL	CALLED
MAILING ADDRESS		COUNTY	
CITY	STATE	ZIP	AREA CODE & PHONE #
BIRTH DATE	AGE	SEX	
Have you ever been convicted of any crime including sex-related or child-abuse related offenses? YES <input type="checkbox"/> NO <input type="checkbox"/>			
VISUALLY IMPAIRED <input type="checkbox"/>	LEGALLY BLIND <input type="checkbox"/>	TOTALLY BLIND <input type="checkbox"/>	
DO YOU HAVE A ROOMMATE CHOICE? If yes, give name:			
IN CASE OF EMERGENCY PLEASE CONTACT			
NAME			
ADDRESS			
DAYTIME AREA CODE & PHONE #			
EVENING AREA CODE & PHONE #			
IF APPLICABLE, CELL PHONE AREA CODE & PHONE #			
RELATIONSHIP TO CAMPER			

2010 CAMP DOGWOOD YOUTH WEEK APPLICATION continued

CAMPER FEE
The camp fee is \$100.00 per person for North Carolina blind and visually impaired. Payment in full or confirmation of Lions Club sponsorship must be received by arrival at camp. Make checks payable to: NCLF, PO Box 39, Sherrills Ford, NC 28673.
This information must be complete.
FEE WILL BE PAID BY ME: YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, YOU MUST COMPLETE THE FOLLOWING:
FEE WILL BE PAID BY:
Name of Organization
Contact person
Address
Area code & phone #
Have you discussed sponsorship with them: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when
OTHER INFORMATION
Will you be bringing a Guide Dog? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you attended Camp Dogwood before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when:
Should you require a wheelchair, walker, etc., it will be necessary for you to bring your own. Camp Dogwood will not furnish these items.
PERSONAL CARE SKILLS
Is your youth camper able to take care of his/her daily needs such as eating, bathing, dressing, and toileting? Yes <input type="checkbox"/> No <input type="checkbox"/>
FISHING LICENSE INFORMATION
If youth camper will be 16 years old or older during camp, do they have a valid fishing license issued by the North Carolina Wildlife Resources Commission? Yes <input type="checkbox"/> No <input type="checkbox"/>

WAIVER OF RESPONSIBILITIES

When the North Carolina Lions Foundation 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 Foundation, 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 Foundation 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 Foundation 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 acknowledge receipt of Camp Rules and Regulations and agree to abide by them. The signature of the parent/legal guardian below certifies that he/she has read and completed the foregoing application accurately.

This the _____ Day of _____, 2010.

Signature of Parent/legal guardian of youth camper _____

RETURN TO: CAMP DOGWOOD, PO BOX 39, SHERRILLS FORD, NC 28673

CAMP DOGWOOD
2010 YOUTH WEEK MEDICAL HISTORY AND CURRENT MEDICATION FORM
PLEASE PRINT

THIS FORM IS TO BE **COMPLETED** AND MAILED BACK WITH APPLICATION, **BEFORE YOU CAN BE ACCEPTED TO CAMP.** (**PLEASE PRINT LEGIBLY** OR TYPE)

CAMPER INFORMATION:

Name	Date of birth	Age
Address		
City	State	Zip code
Day area code & phone #		Evening area code & phone #
<p>Camper will be participating in activities including swimming, boat riding, tubing, crafts, nature trail walks, skating, and outdoor games including golf, etc. If there is any reason your child cannot participate in these activities please explain below and please discuss this with your child prior to their arrival at camp:</p>		

IN CASE OF AN EMERGENCY PLEASE CONTACT:

Name	Relationship	
Address		
City	State	Zip code
Day area code & phone #		Evening area code & phone #
If applicable, cell phone area code & phone #		
IF INDIVIDUAL ABOVE CAN NOT BE REACHED PLEASE CONTACT		

Name	Relationship	
Address		
City	State	Zip code
Day area code & phone #		Evening area code & phone #
If applicable, cell phone area code & phone #		

INSURANCE:

Hospitalization: Yes <input type="checkbox"/> No <input type="checkbox"/> Company	Policy No.
Accident: Yes <input type="checkbox"/> No <input type="checkbox"/> Company	Policy No.

MEDICAL INFORMATION:

Does youth camper use an inhaler? YES NO

Does youth camper need to maintain & self-administer their inhaler as directed by their physician? YES NO

If Yes, You Must Bring A Completed Inhaler Permission Form With You To Camp. Failure To Provide This Form May Result In Youth Camper Not Being Able To Stay At Camp.

Have you completed the Medical Treatment and Transportation form? YES NO

This Form Must Be Completed, Signed And Returned Before Your Camper Will Be Confirmed To Come To Camp.

CAMP DOGWOOD
2010 YOUTH WEEK MEDICAL HISTORY AND CURRENT MEDICATION FORM continued
PLEASE PRINT LEGIBLY

Camper's Name _____

Medical History: (Answer All Numbered Areas, If There Are Any Yes Answers, Fill In All Alphabetical Areas Below It.)

1. **Please Give Date Of Last Tetanus Immunization** (If Known) _____
2. **Diabetes** YES NO
 - a. If Yes, Controlled/Stable? YES NO
 - b. If Yes, Insulin Dependent Diabetic Or Insulin Treated Diabetic YES NO
 - i. If Yes, Is Sliding Scale Insulin Used Yes No If Yes, List Sliding Scale With Medications _____
 - c. If Yes, Blood Sugar Testing Required YES NO
 - i. If Yes, List Frequency _____
 - ii. If Yes, Average Blood Sugar Ranges _____
3. **HIV** YES NO Unknown
4. **Hepatitis** YES NO Unknown
 - a. If Yes, Describe: _____
5. **Hearing Problems** YES NO Which Ear(S)? _____ Hearing Aide YES NO
6. **Alzheimer, Dementia, Senility** YES NO
7. **Mental Retardation** YES NO
8. **Mental Illness** YES NO
 - a. If Yes, Describe Mental Illness: _____
9. **Multiple Sclerosis** YES NO
 - a. If Yes, Date And Description Of Last Exacerbation _____
10. **Seizures** YES NO
 - a. If Yes, Date And Description Of Last Seizure _____
11. **Kidney History** YES NO
 - a. If Yes, Date And Details _____
 - b. If Yes, Kidney Status: Controlled/Stable? YES NO
 - c. If Yes, Dialysis YES NO If Yes, List Frequency _____
12. **Cardio Vascular History** YES NO
 - a. If Yes, Date And Details _____
 - b. CV Status: Controlled/Stable? YES NO
13. **HTN** YES NO
 - a. Controlled/Stable? YES NO
14. **Average BP (if known)** _____
15. **CVA** YES NO
 - a. If Yes, Date And Details _____

CAMP DOGWOOD
2010 YOUTH WEEK MEDICAL HISTORY AND CURRENT MEDICATION FORM continued
PLEASE PRINT LEGIBLY

16. **Mobility Problems** YES NO

a. If Yes, Describe _____

b. Uses Walker YES NO

c. Uses Wheelchair YES NO

i. If Yes, Motorized YES NO

ii. If Yes, Is Patient Restricted To A Wheelchair YES NO

17. **Speech Problems** YES NO

a. If Yes, Describe _____

18. **Tuberculosis** YES NO Unknown

a. If Yes, Describe _____

19. **Pulmonary History** YES NO

a. If Yes, Date And Details _____

b. Pulmonary Status: Controlled/Stable? YES NO

20. **Uses Oxygen** YES NO If Yes, Patient Is Responsible For Bringing All Needed Supplies.

a. If Yes, List Amount, Route, & Mask or Nasal _____

21. **Uses CPAP** YES NO Will Patient Bring CPAP To Camp? YES NO

22. **Uses Nebulizer** YES NO If Yes, List Order With Medications

OTHER: _____

Camp Dogwood is a recreational/vacation facility for the blind and visually impaired. Campers have the opportunity, but are not required, to participate in activities such as tubing, boat riding, swimming, golfing, nature trail hikes and arts and crafts. Campers must be able to provide their own personal care skills such as eating, bathing, dressing and toileting. 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 3. There is one nurse per 52 campers on site. The nurse is available to assist with routine medications and emergencies.

23. **As Indicated Above, This Patient's Medical Status Is Stable And Controlled. In My Opinion This Patient Is Able To Attend The Facility Described Above.** YES NO

24. **Physician's signature:** _____ **Date:** _____

Please list additional comments as needed (Please Print): _____

If you have any questions about this form please contact Sandy Lazenby, Camp Dogwood Director, 800-662-7401 ext. 229 or sandy@nclf.org or Camp Dogwood, PO Box 39, Sherrills Ford, NC 28673.

2010
Camp Dogwood Youth Week
Medical Treatment & Transportation Form

This Form Must Be Completed, Signed And Returned To Camp Dogwood, PO Box 39, Sherrills Ford, NC 28673 Before Your Camper Will Be Confirmed To Come To Camp.

I, _____, give my permission for the Camp Dogwood
Print Name of Parent/Legal Guardian
Director/designee, with a second adult, to transport _____ to an
Print Camper's Name
Emergency Room/Urgent Care Center for medical care.

I, _____, give my permission for the Emergency Room/Urgent Care Center
Print Name of Parent/Legal Guardian
to provide emergent, urgent, and/or non-emergent medical care to _____.
Print Camper's Name

Signature of Parent/Legal Guardian _____

Relationship to camper _____

Area code & telephone # of Parent/Legal Guardian _____

Date _____

2010
Camp Dogwood Youth Week
PRN Medications Permission Form

This form must be completed if your youth camper has PRN (as needed) medications they will or may need during their stay at Camp Dogwood. This form should be provided upon arrival at camp.

The Camp Dogwood Nurse has my permission to administer the following PRN (as needed) medications to

_____. Unless otherwise indicated below, dosages, route and frequency are as
Print Camper's Name

directed by the medication packaging label instructions.

_____ PRN for complaint of _____ ;
Medication, dosage, route, frequency Ex. Headache, cough etc.

_____ PRN for complaint of _____ ;

_____ PRN for complaint of _____ ;

_____ PRN for complaint of _____ ;

_____ PRN for complaint of _____ ;

_____ PRN for complaint of _____ ;

_____ PRN for complaint of _____ .

Signature of Parent/Legal Guardian _____

Relationship to camper _____

Area code & telephone # of Parent/Legal Guardian _____

Date _____

NORTH CAROLINA LIONS FOUNDATION
CAMP DOGWOOD
PO Box 39
Sherrills Ford, NC 28673

TRANSPORTATION INFORMATION
YOUTH WEEK – JULY 11 – 17, 2010 For ages 8 - 17

CAMPER NAME: _____

ADDRESS: _____

CITY AND ZIP CODE: _____

PHONE #: _____

PLEASE FILL OUT # 1 & #2 COMPLETELY

1. My child will be getting a ride to Camp via a relative _____, friend _____, Social Worker _____, or Lion _____.

2. My child will be picked up from camp via a relative _____, friend _____, Social Worker _____, or Lion _____.

***Name of person picking my child up on Saturday:**

Name: _____ Area code & phone # _____

***VERY IMPORTANT: THIS PERSON MUST SHOW IDENTIFICATION BEFORE CHILD IS RELEASED. IF THIS CHANGES PLEASE NOTIFY CAMP DOGWOOD DIRECTOR 828-478-2155 EXT. 229.**

****ANY OTHER TYPE OF TRANSPORTATION REQUIRES PRIOR APPROVAL BY CAMP DIRECTOR.**

CAMP DOGWOOD GATES WILL NOT OPEN UNTIL 1:00 P.M. ON SUNDAY!

ALL CAMPERS MUST BE PICKED UP BEFORE 11:00 A.M. ON SATURDAY!

*****IF THIS INFORMATION CHANGES, IT IS UP TO YOU TO LET US KNOW!**

PLEASE TAG ALL LUGGAGE WITH NAME AND ADDRESS OF CAMPER.