



Camp Dogwood for the Blind & Visually
Impaired
Po Box 39
Sherrills Ford, NC 28673
828-478-2135
www.NCLionsCampDogwood.org

Hello Caregivers ,

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

Facebook: Camp Dogwood for the Blind and Visually Impaired

Phone: 828-478-2135

Email: Tammy@NCLionsInc.org

Dianne@NCLionsinc.org

Join us for great summer!

Tammy Thomas
Camp Administrator

2020 Caregiver Application Packet

*****Please return completed application pages #4-8, 14 only. *****

***** Pages 15-18 will be completed by Physician**

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.
- 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 phone call from us.**
- If you will be attending camp with as a required caregiver or legal guardian; your application will not be processed until both of your application and the campers application are received.
- **Everyone who plans to attend Camp Dogwood, whether visually impaired/blind or sighted, must complete a 2020 application packet.**
- Sighted individuals will be accepted to accompany the persons with visual impairment/blindness as their caregiver or legal guardian.
- CASH & CHECKS ARE ACCEPTED AS PAYMENTS IN THE CAMP STORE. CREDIT/DEBIT CARDS WILL BE ACCEPTED WITH A MINIMUM CHARGE OF \$5.
- **The application cutoff date is April 17, 2020. Caaregiver fees are due by May 1, 2019.** We must receive your Completed Application. Camp reservations are made on a first come first assigned /space available basis.
- Campers and Caregivers desiring a 2nd session must contact camp for availability .2nd 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.

2020

Camp Dogwood Summer Schedule

Summer Camp

Session Date

- 1 May 17th-22nd
- 2 May 24th-29th
- 3 May 31st- June 5th
- 4 June 7th—12th
- 5 June 14th-19th
- 6 June 21st-26th
- 7 June 28th-July 3rd

Other Special Events (contact us for scheduled dates):

- **Orientation & Mobility Instruction (courtesy of IFB)**
- **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.
2020 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. **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 phone call from us.

I am attending as Caregiver for: _____

Caregiver Name: _____

Mailing Address: _____

City/State/Zip: _____ County _____

Phone #'s (cell, home, work) _____

E-mail: _____

Gender: _____ Age: _____

Birthdate: _____

Emergency Contact

Name: _____

Address: _____

City/State/Zip: _____

Phone #'s (cell, home, work) _____

E-mail: _____

Relationship to camper: _____

Questions

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 not qualify as a caregiver.**

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 Do you use a wheelchair (electric or manual) – **Must bring your own**
- Yes No Do you use a walker? – **Must bring your own**
- Yes No Do you use a support cane? **Must bring your own**

Yes No Do you require a handicapped accessible bathroom? (Which has elevated

Toilet and safety bars)

- Yes No Do you require a wheelchair accessible shower?(Allows chair to roll in)
- Yes No Do you require a shower chair?

Legal Guardian Information

Do you have a legal guardian? Yes No

If you answered yes, you do not qualify as a caregiver.

Caregiver Fee

The fee for a sighted caregiver is \$275. Payment in full or confirmation of Lions Club sponsorship must be received by May 1st, 2020. You may pay with a credit card by phone or mail a check/money order. Please include your 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, you **must provide** 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: _____

Waiver of Responsibilities

Caregiver 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 _____, 2020

My signature below certifies that I am legally competent and that I am able personally to care for my daily needs while at camp.

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

Signature of Witness (if applicable):

Camp Dogwood Transportation Information 2020

CaregiverName: _____

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. Caregivers can arrive at 12:00 pm and **must** leave on Friday by 10:00 am.

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 Friday 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.)**

_____ **SUNDAY TRAIN ARRIVALS MUST BE SCHEDULED FOR SUNDAY AFTERNOON BY 1:10 PM. NO EXCEPTIONS.** 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

Initial Here

FRIDAY BUS AND TRAIN DEPARTURES MUST BE SCHEDULED FOR 10:30 OR LATER. Transportation from camp for campers departing by bus or train from Charlotte, NC is only provided on Friday 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

ALL CAREGIVERS TRAVELING VIA TRAIN MUST OBTAIN A GROUP LUGGAGE TAG FROM AMTRAK FOR ALL CHECKED LUGGAGE!

2019 Rules and Regulations for Summer Session

1. No alcoholic beverages or illegal drugs may be in a caregivers possession or consumed by a caregiver while on camp premises or any camp transported off-campus trip. Any caregiver found in violation of this regulation will be sent home.

2. Medications:

- If you will be turning your medications into the nurse 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.
- 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.
- Caregivers are required to bring all Diabetic supplies (ex. Meter, strips, lancets and needles). Sharps container will be provided for each as needed.
- Camp Dogwood does not furnish, CPAP machines and accessories or oxygen .

3. **NO ELECTRICAL KITCHEN APPLICANCES** can be used in the dorms. This includes lounges.

4. Should you require a wheelchair, walker, cane, raised toilet seat, etc., it is necessary for you to bring your own. ***Camp Dogwood is not required to furnish these items.*** We do have a limited number of shower chairs available upon request.

5. Any caregiver who refuses medical treatment deemed necessary by the nurse and/or the camp administrator will have to leave camp as soon as transport can be arranged.

6. Pets: **No** pets are allowed. **Certified** service animals are welcome. Owners are responsible for the behavior of their service animals and any damage caused by them. Owners are responsible for cleaning up after their service animal as well. We have a dog run behind the Lineberger dorm. Owners are required to remain with their dogs while using the dog run. *No unattended dogs are allowed in the dog run. Dogs are not allowed on furniture. All dogs left alone in room must be tethered or kenneled. Please assure all service animals follow proper hygiene .*

7. Smoking Policy –Smoking is only allowed in a marked designated area. NO SMOKING is allowed in ROOMS. If it is detected the room has been smoked in YOU WILL BE CHARGED a \$200.00 Cleaning fee

8. Weapons: Weapons of any type are not permitted on campus, even with permit.

9. We are applying for a fishing license waiver from the wildlife department for the camp season. If we receive this you may fish from our property without a license if you desire. However, we recommend that you obtain a free lifetime license from the North Carolina Wildlife Resources Commission. This form is available online at. www.ncwildlife.org/license/documents/fishinklicblindappl_090109.pdf
Or by calling phone 888-248-6834

10. Caregivers are required to pass swim test and must wear a life jacket if they are to be on the tube with their camper.

11. Cash/check/debit/credit are accepted as payments in the camp store. Card purchase requires a \$5.00 minimum.

THINGS YOU SHOULD KNOW ABOUT CAMP

CAMP PHONE & ADDRESS:

The Camp Dogwood telephone number is (828) 478-2155 (x227 front desk, x229 Camp & Retreat Director). This number is for camp information or emergency calls from family while you are here. Personal phone calls may be made from the dormitory phones by dialing 9 for an outside line. You will need to use a calling card or call collect for long distance calls from these phones. The camp address is 7062 Camp Dogwood Dr. Sherrills Ford, NC 28673.

WHEN DO I ARRIVE?

Please plan to arrive between 12:00 p.m. and 4:00 p.m. on Sunday your first scheduled day. However, if this is not possible, please contact the camp administrator to make other arrangements as soon as possible. **Please note: The Camp Dogwood gates will not open until 12:00 p.m. on Sunday.**

Registration will be in the Dorm and the staff is not available until registration time. No food is served until the evening meal at 5:00 p.m. If you are traveling via private transportation, please do not arrive before 12:00 p.m. If you travel by public transportation please notify the camp office, prior to your date of arrival, of your arrival time, and be sure to attach an identification tag to your luggage. **If traveling by Amtrak train please schedule your arrival for 1:10p.m.** We only provide pick up service for Sunday arrivals at 1:10 pm only. **Train schedules may change due to Station arrival/departure times. Schedules will be finalized closer to dates of camp.**

WHEN DO I LEAVE?

If someone is picking you up, they need to arrive BEFORE 10:00 a.m. ON FRIDAY. Camp Staff is released from duty at 10:00 am. **If you are traveling by Amtrak train please schedule your departure time at 10:30 am ON FRIDAY.** We only make one drop off run into the city of Charlotte on FRIDAY mornings. Departure tickets must be obtained before your arrival. We will only take those campers who are departing by train on that FRIDAY. For those traveling by train a bag breakfast will be furnished.

Train schedules may change due to Station arrival/departure times

WHAT DO I BRING TO CAMP?

1. Water shoes **required** for all water activities (swimming and kayaking)
2. Clothing: Bring enough clothes for seven days. There are no laundry facilities available for campers. Casual clothes are recommended. Be sure to bring your swimsuit, **water shoes**, beach towels and plenty of sunscreen if you intend to participate in waterfront activities. **Please be sure to tag all luggage with the name, address, and phone number of the camper (lost luggage is no fun).**
3. Please bring any needed toiletries (tooth brush, toothpaste, razor, deodorant etc).
4. Camp Dogwood/NCLI is not responsible for the personal property of campers. We will only be responsible for money and valuables checked at the office and left in our safe.
5. Money: You do not need to bring money unless you wish to go off campus shopping, snacks or drinks out of the vending machines, or purchase merchandise in the camp store. **Items in the Souvenir Store include: shirts, caps, bags, pens, and more. The souvenir store accepts: cash, check and debit with a min. \$5.00 purchase.** Ice cream, drinks and snacks are available every day from .50 to \$1.00. Snow Cones are available every day for free. Cash and checks are accepted in the camp store.
7. **No special diets are available at camp. Sugar free desserts are available at lunch and dinner.** You may want to bring your preferred snacks and beverages with you. Call ahead with menu questions.
8. You may wish to bring a laptop or a tablet with you. Wireless Internet (WIFI) access is available in all buildings and dorms for free.

I have read and/or understand the attached Rules and Regulations for Summer
Camp 2020 at Camp Dogwood

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

Signature of Witness (if applicable): _____

**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)
FORM DUE BY APRIL 17, 2019**

Camp Dogwood is a recreational/vacation facility for persons with blindness or visual impairment. Caregivers 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. **Caregivers 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.**

Caregiver 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 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 Alzheimer’s, 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 Does the patient have any reason they should **NOT** participate in high Cardio activities ex. Water Tubing?
 Yes No Is the patient up to date on their Tetanus vaccine? Date

Yes No ***The patient's medical status is stable and controlled. In my opinion this patient is able to attend the facility described above.***

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

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
