

2020 Camp Registration

April 17-19, 2020

Lions Deaf Camp is an overnight camp.

Mail application to: 1450 North Street, Gulfport, MS 39507

Fax: 228-897-2462

Email: Skfish@cableone.net

Child's Information:

Child's Name: _____

Phone/VP: _____

Address: _____

City: _____ Zip Code: _____

School: _____ Age _____ Gender _____

Child is (Circle):

Deaf Hard of Hearing Hearing w/ Deaf sibling Hearing w/ Deaf parent

**siblings must be within 3 years of the Deaf Camper*

Will your child be wearing: (Circle All That Apply)

Glasses Contacts Hearing Aid Cochlear

Size t-shirt: Child: Small Medium Large

Adult: Small Medium Large X Large

Parent Information

1 Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

2 Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Information:

Emergency Contact (other than you): _____

Relationship: _____ Phone: _____

Family Doctor: _____

Address: _____ Phone: _____

Medical Insurance: _____ Policy #: _____

Name on Card: _____

Phone: _____

Application DEADLINE:
March 27, 2020
3:00 p.m.

Note: MS Children's Insurance Program (CHIP) and Medicaid may apply

Please list any Allergies (Medications, foods, beestings, etc.)

Medication Information:

Does your child take medications on a regular basis? (Circle ONE) YES NO

Does your child need assistance with taking medications? (Circle ONE) YES NO

Medication 1: _____ Dose: _____ Time: _____

Medication 2: _____ Dose: _____ Time: _____

Medication 3: _____ Dose: _____ Time: _____

Medication 4: _____ Dose: _____ Time: _____

Is it permissible to give your child children's / adult Tylenol? (Circle ONE) YES NO

LIONS OF MISSISSIPPI ACTIVITIES CORPORATION
HEARING IMPAIRED COMMITTEE
2020 DEAF CAMP
WAIVER

In consideration of the acceptance of this application form, I the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors, administrators and assigns, knowingly and willingly waive any and all rights and claims for damages I may have against the persons or entities connected with this event, including the LIONS OF MISSISSIPPI ACTIVITIES CORPORATION, de l'Epee Deaf Center, Inc., Catholic Diocese of Biloxi and Most Rev. Louis F. Kihneman III, and all staff and volunteers associated with the above listed entities ad events and I release and hold them harmless for any and all injuries sustained in connection with this event. I acknowledge that the LIONS OF MISSISSIPPI ACTIVITIES CORPORATION, de l'Epee Deaf Center, and Catholic Diocese of Biloxi does not provide medical insurance, and any medical expenses are my responsibility. I hereby grant full permission to use my name and image in any photographs, videotapes, motion pictures, recordings, broadcasts, Social Media, Web Site, Internet or other record of this event. I further attest that I have read this waiver.

Date: _____ Signature _____