

IMPORTANT

BELOW IS WHAT NEEDS TO BE COMPLETED IN ORDER FOR YOUR CHILD TO GO TO CAMP

All applicants must be visually impaired or legally blind and age 7-25 to receive a scholarship.

2021 SOARING HAWKS WEEK IS JUNE 27 - JULY 2

1. Fill out the Lighthouse Application for a scholarship to Camp Barnabas. When complete, mail with a \$25 NON-REFUNDABLE transportation fee to:

Lighthouse for the Blind – St. Louis

Attn: Angie Yorke – See the Future

10440 Trenton Avenue

Saint Louis, Missouri 63132

OR

Email to: ayorke@lhbindustries.com

2. It is necessary to complete the online registration process from Camp Barnabas to be registered for camp. Receiving a scholarship from the Lighthouse for the Blind guarantees you payment for tuition. It DOES NOT mean that you are registered to go to camp. You must register at campbarnabas.org or contact them at (417) 476-2565. You must also pay the Camp Barnabas NON-REFUNDABLE registration fee during the online registration process.
3. The Lighthouse application and transportation fee MUST BE submitted to the Lighthouse by May 1, 2021. Transportation fee is only required if your camper will be riding the bus.
4. After completed applications are received and reviewed, a representative will contact applicant. (If you are not contacted by the Lighthouse after submitting an application this means it was not received).

YOU MUST COMPLETE BOTH A LIGHTHOUSE FOR THE BLIND APPLICATION AS WELL AS ALL REGISTRATION REQUIRED BY CAMP BARNABAS.

2021 CAMP BARNABAS SCHOLARSHIP APPLICATION

PLEASE SUBMIT BY: MAY 1, 2021

Applicant's Name _____

Address _____

Street

City

State

Zip Code

Phone _____ D.O.B. ___/___/___ Age in July 2020 _____

Male or Female _____

Visual Acuity _____

School _____ Grade _____

Name of School

(Please check one or both)

Will your camper be riding the bus _____ to camp _____ home from camp

.....
Mother's/Guardian's Name _____

Home Address (if different)

Home Telephone (if different) _____

Email (required) _____

Employer _____

Work Number _____ Cell Phone _____

Father's/Guardian's Name _____

Home Address (if different)

Home Telephone (if different) _____

Email _____

Employer _____

Work Number _____ Cell Phone _____



LIGHTHOUSE
for the BLIND
ST. LOUIS, MO.

General Liability Waiver:

I, _____, being the parent/legal guardian of _____, do hereby consent to his/her participation in voluntary functions sponsored and/or organized by the Lighthouse for the Blind – St. Louis. I understand that he/she is responsible for his/her behavior. I do hereby waive and release, the Lighthouse for the Blind – St. Louis, their service partners (including schools) and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's participation in Lighthouse for the Blind – St. Louis, and the functions.

Transportation Liability Waiver:

I do hereby consent to The Lighthouse for the Blind – St. Louis providing transportation (in commercially procured and private vehicles) for my child/ward if necessary. I do hereby waive and release the Lighthouse for the Blind – St. Louis, their service partners and/or sponsors of any project or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's involvement in transportation services provided by the Lighthouse for the Blind – St. Louis.

Release to Seek Medical Treatment*

In the event of a medical emergency, I do hereby consent to the Lighthouse for the Blind – St. Louis releasing my child/ward to the nearest, most appropriate medical professional available. I understand that the Lighthouse for the Blind – St. Louis will notify me of such an event immediately after they have sought proper medical treatment for my child/ward at the following phone number: _____.

*If your child/ward has a chronic or recurring medical condition, for which emergency treatment is not necessary, please address your child's/ward's needs in the appropriate area of this application.

Photo Release

I hereby grant permission to use my child's/ward's likeness in a photograph in any Lighthouse for the Blind publications, including website entries, without payment or any other compensation. I understand and agree that these materials will become property of the Lighthouse for the Blind – St. Louis and will not be returned.

By signing below, I indicate that I understand and agree to the items above

Participant's Signature

Parent's/Guardian's Signature (if under age 18)
