



**Sports Camp for Blind &  
Visually Impaired Youth  
Application  
June 18-20, 2021**

**APPLICATION DEADLINE: May 20, 2021**

**COVID INFORMATION: Sports Camp will adhere to all Webster University, local, and state requirements for COVID. All campers should expect to wear masks during activities if required by facilities or businesses we visit during camp.**

***Please note: All kids must be 12- 18 years of age to participate. We can only accommodate 20 campers and will accept applications on a first-come-first-serve basis. All campers must be predominantly independent (tying shoes, bathing, toileting, and picking clothes).***

**Our Objectives:** First: to empower children who are blind and visually impaired to be physically active and productive members of their schools, communities, and society in general. Also: To improve their health and well-being while teaching them what they can do in the area of sports and recreation--areas often overlooked in their education and home environments. Finally: to have fun! Campers may participate in Rock Climbing, Track and Field, Swimming, Bowling and Self- Defense.

**Personal Information:**

Camper Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age in June \_\_\_\_\_ Sex:  M  F

Parent /Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact Information:**

Emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**T-Shirt Size:** S M L XL XXL

**Adult T-Shirt**       **Youth T-Shirt**

**Visual Classification** (*Please check one. If you are not sure, please estimate*):

- B1:** No light perception in either eye up to light perception, but inability to recognize the shape of a hand at any distance or in any direction.
- B2:** From ability to recognize the shape of a hand up to visual acuity of 20/600 and/or a visual field of less than 5 degrees in the best eye with the best practical eye correction.
- B3:** From visual acuity above 20/600 and up to visual acuity of 20/200 and/or a visual field of less than 20 degrees and more than 5 degrees in the best eye with the best practical eye correction.
- B4:** From visual acuity above 20/200 and up to visual acuity of 20/70 and a visual field larger than 20 degrees in the best eye with the best practical eye correction.

What is the participant's Visual Impairment Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Description of what the participant CAN see: \_\_\_\_\_

\_\_\_\_\_

Any known food allergies we should be aware of:  Yes  No

If yes, please explain: \_\_\_\_\_

Any known allergies to plants, bees, outdoors, etc? If yes, please explain and let us know if the participant will require any assistance:

\_\_\_\_\_

\_\_\_\_\_

Is the participant taking any medications we should be aware:  Yes  No

If yes, please explain and let us know if the participant will require any assistance: \_\_\_\_\_

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**(You will be required to complete a detailed Medication Form in the future)**

Are there any health or injury issues we should be aware:  Yes  No

If yes, please explain: \_\_\_\_\_

Can the participant play contact sports? :  Yes  No

If no, please explain \_\_\_\_\_

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Has the participant ever spent the night away from home before?  Yes  No

Campers will share a bathroom with 2 to 3 other campers but may state a preference for sharing a dorm room w/ a camper or sleeping in a single room. (*Arrangements cannot be guaranteed but we will try to accommodate as best we can*). Which room do you prefer? **Sleep in single room**  **Share a room w/ a camper**

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**Tell us about yourself:**

**Have you participated in any organized sports before?**  Yes  No

**If yes, in which sports did you participate?**

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**Have you ever participated in any sports competitions?**  Yes  No

**If so, please tell us what they are and can you tell us about any results or highlights that occurred at those competitions:**

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**In your own words, what do you hope to learn about, accomplish or experience at this camp?**

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**If you plan to participate in swimming events, please let us know your level of proficiency:**

**Pre-Beginner**: enters the water hesitatingly or not at all, clings to wall or caregiver, does not put face in water, does not take feet off the ground.

**Beginner**: puts face in water hesitatingly or when urged, moves away from the wall and plays, does not mind being occasionally splashed, attempts to swim.

**Advanced Beginner**: swims underwater, can roll from front to back, can swim short distances above water with face in, takes a breath occasionally and resumes swimming without standing up, jumps in from the side of the pool.

**Intermediate**: can swim about 25 yards without stopping, does rhythmic breathing side to side but needs to work on it, swims ten yards on back, not afraid of the deep end, can jump into water over head and recover easily.

**Swimmer**: can swim on front and back with good but not perfect form for at least 50 yards, can tread water three minutes in deep end, comfortable in deep water with jumping in swimming and playing, knows the basics of side stroke and breaststroke, can swim down to nine feet.

## Travel Plans:

1. All participants must have their own transportation to and from Webster University. Once participants arrive at Webster University, ground transportation will be provided for events not on the Webster University campus.

## 2. Arrival/departure location:

### Webster University Dormitories

**Arrival:** June 18, 2021

**Departure:** June 20, 2021

- Details on arrival and departure time will be e-mailed to you in the future.

Participants must:

1. Have a visual impairment (must have a vision teacher).
2. Be predominantly independent (tying shoes, bathing, toileting, or picking clothes is fine)
3. Possess verbal or sign communication skills appropriate within 2 years of their age
4. Display behaviors that allow them to function in a group setting that does not affect other group members:
  - Must NOT run away (this is a college campus and this behavior is dangerous for everyone, any child who runs away will be sent home immediately).
  - Must not kick or bite.
  - Must not display defiant behavior (this includes refusing to stand in a line, refusing to participate in a variety of activities, refusing to abide by the bed time)
5. Not possess a medical problem that requires a nurse for supervision.
6. **Parents must disclose ALL necessary information that will allow us to provide a safe environment for the weekend. This includes ANY issues that may arise behaviorally or medically.**
7. **Please include a copy of your camper's IEP with this application.**
8. Campers will be sent home if they display the following:
  - Defiant or conduct disorders
  - Fleeing/run away behaviors
  - Biting/scratching/hitting behaviors
  - Have medical needs that require constant nursing supervision or communicable diseases; have mobility limitations that prohibit them from ambulating 1/2 mile or inability to participate in the sport activities.

Sponsored by: Missouri School for the Blind

**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 or 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 theBlind – 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 and social media, 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 initialed above.**

\_\_\_\_\_

\_\_\_\_\_

**Participant’s Signature**

**Parent’s/Guardian’s Signature (if under age 18)**

**Please mail completed application to:  
Lighthouse for the Blind  
Attn: Angie Yorke  
10440 Trenton Avenue  
St. Louis, MO 63132**

**OR**

**Email your application to [ayorke@lhbindustries.com](mailto:ayorke@lhbindustries.com)**

**You will receive email confirmation after we have received your application. If you do not receive notification from us, please call us to make sure your camper is included. Applications have been lost in the mail previously.**

**For additional information, contact: [ayorke@lhbindustries.com](mailto:ayorke@lhbindustries.com) OR (314) 423-4333 ext. 132**