

# 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.**

**2022 SOARING HAWKS WEEK IS JULY 10 - JULY 15**

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](mailto: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 payment for tuition. It DOES NOT mean that you are registered to go to camp. You must register at [campbarnabas.org](http://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, 2022. 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.**

# 2022 CAMP BARNABAS SCHOLARSHIP APPLICATION

PLEASE SUBMIT BY: MAY 1, 2022

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Phone \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age in July 2022 \_\_\_\_\_

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)

\_\_\_\_\_

Phone \_\_\_\_\_

Email (required) \_\_\_\_\_

Employer \_\_\_\_\_

Work Number \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Home Address (if different)

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Work Number \_\_\_\_\_



**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)**

\_\_\_\_\_

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