



*All children must be between 8 years old and high school graduation age to participate. We will accept applications on a first-come, first-served basis. All participants must be predominantly independent (toileting and eating). NWKIA focuses on independence and making new friends; therefore, participants are expected to attend the program without family members present.*

**Our Objectives:** This group encourages physical development by participation in a wide variety of physical, social, and developmental activities. Activities that could include: Goalball, Archery, Rock Climbing, Swimming, Yoga, Cooking, Nutrition, Hands on Arts, and many other activities.

**Personal Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Participant's Age \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Participant's Weight \_\_\_\_\_ Participant's Height \_\_\_\_\_

\*(This info is needed for participation in some activities such as zip lining)

Do materials need to be in Braille \_\_\_\_\_ Large Print \_\_\_\_\_ Other \_\_\_\_\_

School District \_\_\_\_\_

School \_\_\_\_\_

Name of TVI or O&M \_\_\_\_\_

Email \_\_\_\_\_

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

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Information:**

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

Cell 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:

\_\_\_\_\_  
\_\_\_\_\_

**Parents must disclose ALL necessary information that will allow us to provide a safe environment.**

**Medical Needs (mark yes/no):**

- Asthma Y/N
- Environmental/Food Allergies Y/N
- Seizures Y/N
- Hearing Impairment Y/N
- Emergency Medication Y/N
- Other health condition Y/N
- Does your child have any restrictions? Y/N

**Support Needs (mark yes/no):**

- Special Diet Y/N
- Balance/Coordination Y/N
- Needs help with personal care Y/N
- Needs close supervision Y/N
- Communication concerns Y/N
- Behavior concerns Y/N
- Other support needs Y/N

**Please explain all “yes” answers below. Attach an extra page if needed.**

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**Previous Surgeries/Hospitalizations (dates & descriptions):**

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**Medications:**

Name	Dosage	Time	Administered	Reason
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Name	Dosage	Time	Administered	Reason
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Name	Dosage	Time	Administered	Reason
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**Travel Plans:**

**1. All participants must have their own transportation to and from primary meeting location. Once participants arrive at meeting location, ground transportation will be provided for events if needed.**

**Participants must:**

1. Have a visual impairment
2. Be predominantly independent (eating, toileting)
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 • 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)
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. This includes ANY issues that may arise behaviorally or medically.**

**7. Please include a copy of your child’s IEP with this application.**

**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 their 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 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/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)**

**If you have any questions, contact  
Erin Meyer  
Phone: (816) 322-8122  
Email: [nwkia@lhbindustries.com](mailto:nwkia@lhbindustries.com)**