PENNSYLVANIA LIONS BEACON LODGE CAMP
114 STATE ROUTE 103 SOUTH
MOUNT UNION, PA, 17066

2026 REGISTRATION FORM

Session 1: Camp Felicity	**June 13 – 18, 2026**	**$1,350.00**
Completed and signed papers due June 01, 2026.		
Session 2: Camp Empower	**June 20 - 25, 2026**	**$1,400.00**
Completed and signed papers due June 08, 2026.		
Session 3: Camp Felicity	**June 27 – July 2, 2026**	**$1,350.00**
Completed and signed papers due June 15, 2026.		
Session 4: Camp Empower	**July 4 – 09, 2026**	**$1,400.00**
Completed and signed papers due June 22, 2026.		
Session 5: Camp Perception	**July 11 – 21, 2026**	**$2,200.00**
Completed and signed papers due June 29, 2026.		
Session 6: Camp Felicity	**July 25 - 30, 2026**	**$1,350.00**
Camp Felicity Extended July 25 – August 4, 2026		**$2,050.00**
Completed and signed papers due July 13, 2026.		
Session 7: Camp Liberty	**August 1 – 11, 2026**	**$2,200.00**
Completed and signed papers due July 20, 2026.		

FOR OFFICE USE ONLY:

Received: _____

Imported to CB: _____

☐ Physician Form — Assessment

☐ Photo/Video Release

☐ Health Insurance Card

☐ Photo ID

☐ $100 Registration Fee

Check #_____ (Date) _____

Pd by: _____

☐ $ Camp Fee

Check #_____ (Date) _____

Pd by: _____

☐ $ Transportation Fee

Check #_____ (Date) _____

A $100 non-refundable application fee must accompany this form. The application fee is not part of the camp fee. **If traveling by train or bus and transportation is needed from the bus/train station, the transportation fee ($20 or $40) must accompany this form. (For Camp Perception and Camp Liberty ONLY.)**

Applications will not be processed until the registration fee and registration form are received and a background check has been completed. A final confirmation packet will be mailed or emailed upon approval of all fully completed and signed forms.

Please be sure that **all blanks** and **all signatures** are completed on this form.

CAMPER NAME_____EMAIL: _____
First MI Last

ADDRESS: _____ MALE: ____ FEMALE: ____
Street Address

_____ MARITAL STATUS: _____
City State Zip Code

_____ AGE: _____ DOB: _____
County/District

PHONE: _____ CELL PHONE/OTHER #: _____

☐ **NEW CAMPER** ☐ **RETURN CAMPER** If returning, have you attended under another name? ☐ NO ☐ YES

Previous name: _____

PARENT/LEGAL GUARDIAN/CAREGIVER: _____ RELATION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: Day (_____) _____ Evening: (_____) _____ CELL: (_____) _____

EMAIL: _____

ROOMMATE REQUEST: _____ CABIN REQUEST: _____

FOR EMERGENCY USE, List **TWO PERSONS OTHER THAN** a parent or guardian to be contacted. Give name, daytime and evening phone numbers, and relationship to the camper. (DO NOT list a person who will be at camp with you):

1._____

Name	Relation to Camper	Day Phone	Evening Phone	Cell Phone

2_____

Name	Relation to Camper	Day Phone	Evening Phone	Cell Phone

All Contact Persons must be available 24/7 to transport their camper home if needed.

Personality and Social Skills:

Please use 5 words to describe the camper's personality (Examples are adventurous, artistic, direct, easygoing, joker, straightforward, witty, introverted, kind, etc.) _____

_____

_____

Please describe any other information regarding the campers personality:_____

_____

_____

Describe the camper's ability to interact with peers: _____

_____

HOBBIES, TALENTS, SPECIAL INTERESTS, SPECIAL SKILLS: _____

_____

Activities, etc., to be encouraged to promote socialization: _____

_____

BEHAVIORAL INFORMATION: (If there have been *NO* behavioral incidents in the past *5 years*, you may skip 1st set of questions; otherwise, please complete *all* Behavioral questions.)

Date of last incident __/__/__ Type of incident(s): _____

a) Factors triggering behavioral incidents: _____

_____

b) What should staff do to help? _____

_____

_____

Wandering behavior: ☐No ☐Yes Comments: _____

Sleepwalking behavior: ☐No ☐Yes Comments: _____

History of homesickness: ☐No ☐Yes Comments: _____

Recommended positive reinforces: _____

_____

Camp Activities

SWIMMING ABILITY: ☐Does NOT Swim ☐Beginner ☐Intermediate ☐Advanced

☐ Must wear earplugs ☐ Must wear a life jacket ☐ Must wear Sunscreen

Is the camper restricted from participating in any camp activities, and if so, which activities?

_____

_____

WILL YOU BE BRINGING YOUR SERVICE DOG? ☐ NO ☐ YES

FROM WHAT ORGANIZATION DID YOU HIRE YOUR DOG? _____

PHONE: _____ NAME OF GUIDE DOG: _____

A health certificate from the veterinarian must be mailed to the camp three ***(3) weeks prior to your arrival date. Camper must bring an adequate supply of dog food for the entire stay, clean-up bags, dog dishes, harnesses, & tie-downs. Camper is responsible for cleaning up after their dog. Failure to do so will result in early dismissal. ***Retired service dogs are not permitted at camp***

CAMPERS' HEALTH INFORMATION:

INTELLECTUAL & DEVELOPMENT DISABILITIES:

☐ INTELLECTUAL CHALLENGES
(☐ NONE ☐ MILD ☐ MODERATE ☐ SEVERE)
☐ BLIND/VISUAL IMPAIRMENT
(Does Camper read/write Braille? ☐ YES ☐ NO)
(Does Camper read/write large print? ☐ YES ☐ NO)
☐ DEAF/HARD OF HEARING
☐ ADD/ADHD
☐ CEREBRAL PALSY
☐ MUSCULAR DYSTROPHY
☐ DIABETES
☐ AUTISM SPECTRUM DISORDER
☐ MULTIPLE SCLEROSIS
☐ DOWN SYNDROME
☐ SEIZURES
☐ OTHER: _____

Allergies: _____
_____
_____

ASSISTIVE DEVICES USED:

☐ WHEELCHAIR
☐ BRACES/CRUTCHES
☐ CANE
☐ ORTHO. WALKER
☐ GLASSES
☐ HEARING AIDES: ☐BILATERAL ☐UNILATERAL
☐ COCHLEAR IMPLANT
☐ DENTURES
☐ AAC DEVICES
☐LOW TECH ☐ HIGH TECH
If High Tech, please describe the program used:
_____
☐ OTHER:
_____
_____

VISUAL IMPAIRMENT INFORMATION

Degree of Vision Loss (check which *one* applies):

☐ Totally Blind or light perception only
☐ Legally Blind (20/200)
☐ Side Vision of not more than 20 degrees
☐ Vision in only one eye
☐ Partially sighted-low vision of not more than 20 degrees

Diagnosis of Vision Loss:
_____
Camper's Eye Doctor Name (Ophthalmologist or Optometrist):
_____
Phone:
_____

AUDITORY IMPAIRMENT INFORMATION

Degree of Hearing Loss (check which *one* applies):

☐ Profound (91+ dbhl)
☐ Severe (71 - 90 dbhl)
☐ Moderately Severe (56 – 70 dbhl)
☐ Moderate (41-55 dbhl)

Diagnosis of Hearing Loss: _____
_____
Camper's ENT Doctor or Audiologist's Name:
_____
Phone: _____

SEIZURE HISTORY:

Date of last seizure: ____/____/____ Seizure frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Sporadic

Factors triggering seizures: _____

_____

Is the camper on Seizure Medication? ☐No ☐Yes

How critical are seizure-specific, regimented med times? ☐Extremely ☐$^{+/-}$ 30 min. ☐$^{+/-}$ 1 hr. ☐ $^{+/-}$ 4 hrs.

CAMPER'S *ADL SKILLS* and ASSISTANCE ASSESSMENT

Please complete the following information thoroughly and honestly.
Please Be Specific; the more details you provide us, the better care your camper will receive.

Please choose ***one*** number per question, when in doubt- use the higher number.

0	1	2	3	4	5
Independent/ Does not need ANY help.	Needs only *OCCASIONAL* VERBAL Assistance	Needs Verbal Assistance	Needs Verbal Assistance and *OCCASIONAL* Physical Assistance	Needs Physical Assistance	**Dependent**/ Cannot/ Does not help

MOBILITY: ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 Comments: _____

HYGIENE: ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ***DRESSING***: ☐0 ☐1 ☐2 ☐3 ☐4 ☐5

☐ Pressure Sores? Describe/Location: _____

Check Procedures: _____

TOILETING: ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 Comments: _____

Is Camper Continent? ☐No ☐Yes History of Bedwetting? ☐No ☐Yes

Does Camper wear briefs? ☐No ☐Yes If yes, When? ☐Daytime ☐Night-time

The camper will need to bring their own briefs to last the entire camp stay.

FEEDING ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐ Special Utensils Used: _____

☐ Special Diet** ☐ Puree Food ☐ Diabetic Diet ☐Cut into small pieces ☐Other: _____

*****If the camper is on a special diet (gluten-free, etc.), you must call the office for more information.***

☐ Specific Food Allergies: _____

COMMUNICATION: ☐*Verbal* **OR** ☐ *Non-verbal* **|** ☐Gestures ☐*ASL* Sign Language ☐Writing ☐Picture/Images

(For the following question, please rate on a scale of 0 – 5, where 0 = none, 1 = lowest, and 5 = highest.)

Communication Skills: ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 Comments: _____

Allergies or other important medical information from the health form that parents want to have emphasized with the <u>*counselors*</u>: _____

_____

Other comments, concerns, or requests for service: _____

_____

Other families/campers you would like to refer to PA Lions Beacon Lodge Camp: _____

_____

BILLING INFORMATION

Registration Fee, $100, is being paid by: **Payment enclosed ☐ (YES) ☐ (NO)**

Agency or Lions Name/Address **Need Invoice? ☐ (YES)**

☐ **Camper** ☐ **Agency** ☐ **Lions Club** _____

_____

_____

Camp Fee, $_____ is being paid by: **Payment enclosed ☐ (YES) ☐ (NO)**

Agency or Lions Name/Address **Need Invoice? ☐ (YES)**

☐ **Camper** ☐ **Agency** ☐ **Lions Club** _____

_____

_____

Sponsorship

If camper sponsorship is needed, please get in touch with your local Lions Club or another organization/agency asking for sponsorship. If sponsorship for your camp fee has been approved, please list the name and mailing address of the Lions/Lioness Club or organization/agency. Need Lions/Lioness Club information? - call the office at 814-542-2511. We highly suggest that all campers sponsored by a Lions/Lioness Club write a thank-you letter to the club. Sponsors also welcome pictures.

ARRIVAL/DEPARTURE INFORMATION:

TRANSPORTATION FEE (non-refundable): Campers requiring train pick-ups by Beacon Lodge Staff must follow the time schedule provided and pay the $20 one-way transportation fee or the $40 round-trip transportation fee. **The transportation fee must be submitted with your registration fee. (Applicable only for Camp Perception and Camp Liberty ONLY.)** ***This is not part of the train or bus ticket purchase.***

Check-ins are from 12 noon to 3:30 pm; Check-outs are from 9:00 am to 12 noon. Please be sure camper eats lunch prior to arrival. On check-in day, only dinner will be served; On check-out day, only breakfast will be served.

I WILL BE COMING TO AND/OR FROM CAMP BY: **☐ AMTRAK TRAIN**

PITTSBURGH:

☐ ARRIVES AT LEWISTOWN: 11:24 AM

☐ DEPARTS FROM LEWISTOWN: 3:46 PM

PHILADELPHIA:

☐ ARRIVES AT LEWISTOWN: 3:46 PM

☐ DEPARTS FROM LEWISTOWN: 10:15 AM

I WILL BE COMING TO AND/OR FROM CAMP BY: **☐ BUS**

PITTSBURGH:

☐ ARRIVES AT LEWISTOWN: 2:40 PM

☐ DEPARTS FROM LEWISTOWN: 12:20 PM

PHILADELPHIA:

☐ ARRIVES AT LEWISTOWN: 2:40 PM

☐ DEPARTS FROM LEWISTOWN: 11:24 AM

I WILL BE COMING TO AND/OR FROM CAMP BY: **☐ AGENCY VEHICLE** **☐ CAR**

Arrival Time _____ **Departure Time _____**

Agency Name:_____Phone Number:_____

Driver's Name:_____Cell Phone Number:_____

Medications:

Campers must bring an adequate supply of all medications for their entire camp stay. All medications are to be in Doc-U-Dose/blister packs or the original containers with all pertinent information legible. Be sure medication does not expire during camp stay. Expired bottles will not be accepted. **Pill boxes are not accepted.** A camper brought to camp without the proper amount of medication will be sent home. In the event a camper's medicine is incorrect, the caregiver may call the doctor and have a prescription called into the local Mount Union Pharmacy to be picked up immediately *by the caregiver*. Finding adequate supplies of medication is the parent/caregiver/camper's responsibility; the camp does not call in or pick up medications.

You may contact your pharmacy and request a leave of absence medicine pack (Doc-U-Dose or blister packs) for the duration of the camp stay. This will ensure an adequate number of medications are brought to camp, the medications brought are properly labeled, and the times are designated per package. This is the Camp's recommendation for medications.
Call your local pharmacy for more information.

Attention Parents/Caregivers If your camper takes behavior modification drugs during the school year, such as Ritalin, it is strongly advised not to discontinue use while at camp. Camp is a very structured setting, and discontinuing behavior medication can severely affect your camper's ability to focus and receive the full benefits of the camp experience.

Caregivers/parents may not leave camp until their camper is fully checked in and cleared by the camp nurse.

Insurance:

Campers must attach a copy of their health insurance coverage and/or copies of their Department of Assistance (ACCESS) card to the medication form yearly. PA Lions Beacon Lodge Camp carries insurance to cover medical expenses incurred because of accidents only. Coverage does not extend to dental care, illness, or medications. Any fees not covered by insurance are the camper/parent/caregiver's responsibility.

ACA REGULATIONS AND CAMP POLICY REQUIRE THAT UPON ARRIVAL AT CAMP, ALL MEDICATIONS BE CHECKED IN WITH THE NURSING STAFF AND BE KEPT IN THE INFIRMARIES FOR SAFETY PURPOSES. THE ONLY EXCEPTIONS ARE RESCUE INHALERS, SALINE EYE/NOSE DROPS, EPI-PENS, AND OVER-THE-COUNTER CREAMS.

Upon arrival at camp, the nurse will collect ALL medications. Be sure all medications are in **leave of absence or original** containers of the current year and clearly labeled with the camper's name, name of drug, dosage, and medication time schedule. All medications must match the doctor's orders upon arrival at camp. Any medication changes made, which may cause a change in behavior or relative health, within 2 months of the camper's camping session, must be discussed with the Camp Coordinator. Any changes to medications after the submission of the medication form, the camper must obtain from their physician written documentation of the medication changes.

☐ I have read, understand, and agree to the rules and regulations of this form.

Camper/Parent/Legal Guardian Signature: SIGN HERE _____ **Date:** _____

☐ I hereby authorize the physician to give needed immunization(s) and to furnish any requested medical information to PA Lions Beacon Lodge Camp. In the event of illness or accident in the course of camp activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Camper/Parent/Legal Guardian Signature: SIGN HERE _____ **Date:** _____

Does the Camper currently take any medication(s) (prescription or OTC: over-the-counter)? ☐ NO ☐ YES
If YES, please complete the Over-The-Counter medication form below. The Prescribing Physician must fill out the Prescription Medication Form *along with signing the Physician's Form*.

☐I give permission to the PA Lions Beacon Lodge Camp to give _____
over-the-counter medication as needed. Campers Name

SIGN HERE _____

(Signature of Camper/Parent/Legal Guardian) (Date) (Relation to camper) (Phone)

☐ I release the PA Lion's Beacon Lodge Camp, its Board, Officers, Employees, Nursing Staff, Administrative Staff, and Counselors of any and all medical damages.

Name of OTC Medication	Dosage	8 AM	Noon	5 PM	8 PM	Other: Time
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :
		☐	☐	☐	☐	☐ :

If the Campers' medication(s) changes prior to camp attendance, the camper or caregiver must provide signed documentation from the prescribing physician.

Important Medical Information

1. Medication brought to camp must match the doctor's orders, or the camper *will be sent home*.
2. Medication must be in a **leave of absence medicine pack** or **original containers**. No exceptions. No weekly planners. We recommend Doc-U-Dose or Blister Packs. Check with your pharmacy.
3. Camper must have an adequate supply of medication but not excessive for the number of days attending. Failure to supply the proper amount will result in the camper being sent home.
4. Campers with Diabetes must bring their own test strips and needed supplies. Include dietary sheets if needed.
5. Do not store your medication in your luggage when traveling by bus or train. Keep meds with you at all times.
6. If the camper requires an Epi-pen, they must bring their own supply to have available at all times. A Physician's order for the Epi-pen and transportation instructions must be accompanied.
7. All medication must be checked in and stored at the infirmary. Failure to do so will result in dismissal. Only exceptions are rescue inhalers, saline eye/nose drops, Epi-pens, and over-the-counter creams.

ACKNOWLEDGEMENT OF RISK:

☐ I am aware that camping and activities at camp, such as rock climbing, canoeing, and other adventure activities, hold inherent risks, which include the possibility of illness, injury, or death. I fully acknowledge that after reasonable precautions are taken, certain hazards cannot be eliminated, and I release the PA Lions Beacon Lodge Camp and its Directors, Agents, and Employees from any and all liability connected with the camp activities and waive any claim for damage arising from any cause whatsoever (with the exception of gross negligence).

☐ I have read or caused this to be read to me and do hereby acknowledge that I fully understand and agree to each and every part.

SIGN HERE

SIGNATURE: _____ DATE: _____

(CAMPER IF 18 OR OVER)

SIGN HERE

SIGNATURE: _____ DATE: _____

(PARENT OR LEGAL GUARDIAN)

READ & SIGN BELOW:

☐ I hereby certify that the facts set forth in the following application are true and complete to the best of my knowledge. I understand that this application does not constitute an agreement of acceptance. I understand that the Pennsylvania Lions Beacon Lodge Camp's receipt of application materials and its selection of all campers are based upon the accuracy of the information disclosed in the Registration Form, space availability, and its judgment as to whether the camp's staff can safely manage the child/adult. I understand that any falsified statement on the application or any supplement thereto shall be considered sufficient cause for dismissal, and I release the PA Lion's Beacon Lodge Camp from any liability associated with such dismissal.

☐ I understand that I/my child/adult must adhere to all rules and regulations while attending Beacon Lodge Camp.

SIGN HERE

Camper/Parent/Legal Guardian Signature: _____ Date: _____

Pa Lions Beacon Lodge Camp Photo/Video Release Form

I hereby grant to Pa Lions Beacon Lodge Camp the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, or any pictures Pa Lions Beacon Lodge Camp have taken of me or in which I may be included with others, editorial or any other media such as film or video, to copyright the same; to re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs, and in conjunction with any printed matter, in any and all media now or hereafter known, including web pages and social networking media, and for any other purpose whatsoever, for illustration, promotion, art, editorial, advertising, and trade, or any other purpose whatsoever without restriction as to alteration; from time to time, or reproductions thereof in color, black and white or otherwise made through any media.

I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless Pa Lions Beacon Lodge Camp, its legal representatives or assigns, and all persons acting under its permission or authority, from any liability in connection with the use of the photographs, video, and/or film as aforesaid or by any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication thereof.

I understand that the photographs, videos, and/or films were taken by Pa Lions Beacon Lodge Camp will be included in stock files. I agree that the photographs, the transparencies thereof, video and/or film, and the copyright rights the same, shall be the sole property of Pa Lions Beacon Lodge Camp, with full right of lawful disposition in any manner.

I hereby grant permission to Pa Lions Beacon Lodge Camp to photograph the Pa Lions Beacon Lodge Camp participant during activities and to use the photographs, video, and/or film in Pa Lions Beacon Lodge Camp audio-visual and printed materials without compensation or approval rights.

Furthermore, I grant permission to use the statements of my camper, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to a time limit or geographic area. I waive my right, my camper's rights, and my family's rights to any and all compensation stemming from the use of these materials.

Signature of Camper: _____

Printed Name of Camper: _____

Signature of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____