

APPLICATION FOR TEEN SUMMER CAMP
Sunday, June 23–Saturday, June 29, 2024
ADDENDUM FOR RETURNING CAMPER

DEADLINE: FRIDAY, APRIL 5, 2024



LEADER DOGS
FOR THE BLIND

P.O. Box 5000 | Rochester Hills, Michigan 48308

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***Our mission is to empower people who are blind
or visually impaired with lifelong skills
for safe and independent daily travel.***

APPLICATION FOR TEEN SUMMER CAMP 2023
ADDENDUM FOR RETURNING CAMPER
Sunday, June 23–Saturday, June 29, 2024
PLEASE PRINT OR TYPE

HOME AND LIVING ENVIRONMENT

Date _____ Full Name _____

Preferred Name _____

What gender do you identify as? _____

Address _____

City _____ State _____ Zip _____

County _____ How long at current address? _____

Parent/Guardian Phone _____ *Circle one: home cell work*

Applicant Phone _____ *Circle one: home cell work*

Parent/Guardian Email Address _____

Applicant Email Address _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____ Relationship _____

CAMP SPECIFIC DETAILS

Participants receive a T-shirt; please indicate your desired size _____

Are you allergic to dogs? ☐ Yes ☐ No If yes, explain _____

PERSONAL AND HEALTH INFORMATION

Age _____ Date of Birth _____ Weight _____ Height _____

Cause of blindness _____ Age at loss of sight _____

Do you have physical limitations such as neuropathy, balance? ☐ Yes ☐ No

If yes, describe _____

Do you have hearing loss? ☐ Yes ☐ No

If yes, describe _____

Left ear ☐ Mild ☐ Moderate ☐ Severe Right ear ☐ Mild ☐ Moderate ☐ Severe

Do you require assistance with your medications or medical conditions? ☐ Yes ☐ No

If yes, explain _____

Do you have any cognitive, emotional, behavioral or psychological limitations? ☐ Yes ☐ No

If yes, describe _____

Do you see a mental health professional? ☐ Yes ☐ No

If yes, provide their name, address and phone number _____

Last year's medical forms have been reviewed and there are:

☐ No changes ☐ Changes need to be made. An updated medical history & physical evaluation form will be completed by a physician.

Have you ever been convicted of a felony? ☐ Yes ☐ No

Leader Dog reserves the right to conduct a background investigation on applicants. A felony conviction does not necessarily result in denial of services; however, the nature of a felony conviction will be taken into consideration should it pose a threat to the safety of Leader Dog employees, students, dogs and/or the general public.

What is your preferred method of corresponding with us:

☐ Telephone ☐ Email ☐ Large Print ☐ Standard Print

I understand that completing this form places neither me nor Leader Dogs for the Blind under any obligation for services. This information is only intended to assist Leader Dogs for the Blind in determining my eligibility for services.

I understand that Leader Dogs for the Blind assumes no liability in case of accident during my training period. I hereby release Leader Dogs for the Blind, its officers and employees from any such liability.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Contact Date _____ Method _____

Application Mailed _____ Address _____

