



PARTICIPANT(S) PACKET

Thank you for your interest in Camp Lighthouse!

Dear Family, Applicant, and Caregiver: We are excited that you are considering joining us for Camp Lighthouse at Strong Tower Ranch. At Camp Lighthouse, we believe in the power of connection and the strength of community. Our dedicated staff, volunteers and mentors will create a nurturing and inclusive environment where families/individuals/caregivers can feel supported and valued. We strive to cultivate lasting friendships and memories and inspire spiritual enlightenment that will illuminate their lives long after the campfire has dimmed.

This 4-day camp will give you an opportunity to find kindred spirits that understand the uniqueness of living with disability. Equipped volunteers will assist your family with practical needs as well as spiritual needs to assure your family a week of relaxation, spiritual renewal and fun. This week is sure to give you memories and friendships that will last a lifetime.

When completed, applications should be returned to info@harborunlimited.com or send to Harbor Unlimited PO Box 209 Jonesburg, MO 63351. A \$50 non-refundable deposit per person is also due with the application. Full payment is due May 1, 2024 to guarantee t-shirt(s). Credit card and PayPal payments can be made on our website www.harborunlimited.com/donate.

The cost to you is:

- 1 attendee = \$175
- 2 attendees = \$325*
- 3 attendees = \$450**
- 4 attendees = \$550**
- 5 attendees = \$625** each person after that is \$75

*This fee is for one immediate family member or caregiver

**This fee is for immediate family only.

If someone else or an organization is paying your way, ask them to clearly mark the payment with your name in the memo section of the check.

Checks made payable to HARBOR Unlimited.

Many blessings,

HARBOR Unlimited friends and family

Important Information

Camp Dates: May 25-28, 2024

Camp Location: May 25-27 Strong Tower Ranch 600 Sunshine Lane, Wright City MO 63390

May 28: Adapted Water Skiing, Tubing, Boat Rides, Lake St. Louis- Jefferson Pavilion

Camp Hours: May 25, 26 – 1pm to 7pm (snacks and dinner provided)

May 27 – 9am to 3pm (snacks and lunch provided)

May 28 – 8:30am to 3pm (snacks and lunch provided)

Application Due: May 1, 2024

Send application: info@harborunlimited.com or PO Box 209 Jonesburg, MO 63351

Payment Methods: \$50/person due with application; full payment due May 1, 2024

Send check payable to HARBOR Unlimited or go to www.harborunlimited.com/donate

Financial Assistance: Recreation Council of Greater St. Louis <https://recreationcouncil.org>

What do I bring? Approximately 3 weeks before camp, we will be sending you a schedule, meal plan, and list of items to bring each day.

Questions: Delaine Young, Director, 314-956-2665 or dyoung@harborunlimited.com

APPLICATION PROCESS

1. Please fill out **Primary Contact Information** (1 page)
2. Please fill out **Family Information** (2 pages)

Feel free to use this checklist:

- Contact Recreation Council for financial assistance
- Completed Primary Contact Information
- Completed Family Information
- Complete application by May 1, 2024 to guarantee t-shirt(s)
- Mail application to info@harborunlimited.com or HARBOR Unlimited PO Box 209 Jonesburg, MO 63351
- Send check to PO Box 209 Jonesburg, MO 63351 (payable to HARBOR Unlimited) or go to www.harborunlimited.com/donate
- Get excited about Camp Lighthouse - because we are!!!!

PRIMARY CONTACT INFORMATION

Primary Contact (Last, First, Middle):			
Street Address:		City, State:	
		Zip Code:	
Primary Phone:		Cell Phone:	
Email Address:			
In case of emergency please contact: (first and last name)		Relationship:	
Address:	City, State & Zip:	Primary Phone:	Cell Phone:
Do you have a church home? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the name of your church?	

PLEASE READ CAREFULLY, INITIAL BEFORE EACH ITEM AND SIGN BELOW THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.
(Only 1 is needed per application)

- I affirm that I have legal custody of the minor children/persons indicated below. Should an emergency occur during the duration of CAMP LIGHTHOUSE, I give my authorization and consent for the CAMP LIGHTHOUSE staff to authorize necessary medical care for this child. Such medical treatment shall be provided upon the advice of and supervision by any physician, surgeon, or other medical practitioner licensed to practice in the United States.
- I give my consent that information on this application may be communicated to CAMP LIGHTHOUSE staff and Light Keepers (volunteers) for the purpose of being equipped to provide the best care and assistance possible to my family.
- Permission is given only to HARBOR Unlimited to use photographs (individual or group) and/or multi-media images and recordings in the best interest of HARBOR Unlimited. I understand that photographs/video/images I take at any CAMP LIGHTHOUSE/HARBOR Unlimited function are for my personal use only. Personal internet use of any video/media should be approached with caution with regard to misrepresentation.
- I understand that HARBOR Unlimited does not provide personal care.
- I release HARBOR Unlimited, its staff, and Light Keepers, and the CAMP LIGHTHOUSE facility from all actions, damages, or personal injuries which may occur to me or a member of my family. I understand in the event of a minor injury I, or a member of my family, may receive first aid treatment. I will be informed as soon as possible of any injury or condition of one of my family members and will be responsible thereafter for their care. In the event of an emergency, injury, or illness, emergency medical services and I will decide the best course of action. If the CAMP LIGHTHOUSE staff is unable to reach me, I authorize them to take whatever action is necessary for the safety and health of my family members.
- I realize that tobacco, alcohol, and illegal drugs are NOT ALLOWED.

_____ Date: _____
 Signature

No one will be denied attendance to Camp Lighthouse because of religion, creed, national origin, sex, age, or disability.

We reserve the right to refuse acceptance of any applicant, based on our ability to provide adequate care according to the applicant's needs.

FAMILY INFORMATION

Please identify who is attending Camp Lighthouse.

Family Individual Caregiver

Full Name (print please)	Relationship	Age	Birthdate	Gender	T-shirt (<i>circle response in each column</i>)	
					Child	Adult
					S M L XL XXL XXXL	
					S M L XL XXL XXXL	
					S M L XL XXL XXXL	
					S M L XL XXL XXXL	
					S M L XL XXL XXXL	
					S M L XL XXL XXXL	

Please identify who these questions relate to and any information we might need to know.

Diagnosed Disability	
Diagnosed Food Allergy	
Allergies to medications	
Seizures	Yes No frequency / severity:
Non-verbal How do they communicate best?	
Heat stresses	

Family Name	
Diabetes	
Asthma	
Chronic illness	
Paralysis	
Heart issues	
Service Animal	Yes No If yes, will service animal attend camp? Yes No
Adapted equipment use	Wheelchair: Manual Electric None Other adaptive equipment:
Challenging behavior	
Specific accommodations	
How can we help you enjoy your camp experience?	
How can we help your family enjoy their camp experience?	

Any additional notes we will need to know for camp?



FOR OFFICE USE ONLY
Received: _____
Deposit Paid: _____
Balance Paid: _____
Scanned: _____
Scholarship: Y: ____ N: ____

Please answer the following questions accordingly for only relevant participants attending camp.

Activity	1 (unable)	2	3 (needs assistance occasionally)	4	5 (independent)
Independent Ambulation					
Independent Toileting					
Swimming					

If questions, please contact Delaine Young at 314-956-2665 or email dyoung@harborunlimited.com.

On behalf of our volunteers and HARBOR Unlimited's staff, we look forward to welcoming you to camp and witness the fun, friendships and fellowship that will develop over the 4 days of camp.

Many blessings,

HARBOR Unlimited friends and family