



MISSISSIPPI LIONS

Sea & Sun Camp

Stewart Hurley
Special Education District Supervisor
Jackson County School District
4700 Colonel Vickrey Road
Vanceleave, MS 39565

RE: Sea & Sun Camp for Blind and Visually Impaired Children

As we do each year, we are asking for your help to make the families of children with visual impairments aware of the best weekend of the year. A camp designed especially for these kids and sponsored by the Lions Clubs of Mississippi.

Enclosed is this year's short application form. Brochure and additional information can be found on our website at www.seaandsuncamp.org. Please help us by getting this into the hands of a family with a visually impaired child. If you need more, just E-mail me and I am happy to get you as many as you need or just copy it yourself and start spreading the word.

Children ages 5 to 17 are accepted. There is a special exception this year for past campers that would have 'aged out' last year. **THIS IS A FREE CAMP TO ALL PARTICIPANTS!**

This is our 25th year and we hope it will be the biggest and best ever, but we need your help to find the children who can benefit from this camp.

If you wish to volunteer or just want to check us out for future reference, send me an Email and we will get you the proper forms.

Thanks in advance for your help so we may serve the children of Mississippi with visual impairments.

Sincerely,

A handwritten signature in cursive script that reads "Wayne Ross".

Wayne Ross
President

E-Mail: seaandsuncamp@gmail.com

Nancy Ann Sherman - CHAIRPERSON

P.O. Box 24 • Pass Christian, MS 39571 • Phone: (228) 432-LION • Fax (228) 255-5995 • msseasun@aol.com



Camp 2021 Registration

Mississippi Lions



MUST Complete ALL blanks - Use N/A if needed

Incomplete registrations are subject to being rejected

Name for Certificate: _____ Male / Female: _____

Birth Date: ___ / ___ / ___ NickName: _____ School: _____, Grade: _____

Guardians: _____ Relationship: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell Phones: _____ Email: _____

EMERGENCY CONTACT (other than Guardian): _____

Relationship: _____, Phone: _____ Email: _____

Allergies (Medications, foods, bee stings, etc.):(Please Explain) _____

**** EYE CONDITION:** _____

Is it permissible to give your child children's/adult Tylenol: **(Circle ONE) YES NO**

Will Your Child be Wearing: **(Circle All That Apply) GLASSES CONTACTS HEARING AID**

Special Diet: (Please Explain) _____

Special Accommodations: (Please Explain) _____

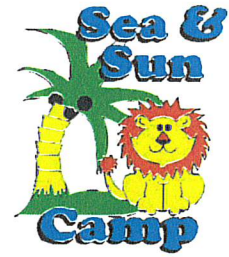
Does your child travel: **(Circle ONE) Independently With Sighted Guide With White Cane**

Parent or Legal Guardian Name: (PRINT) _____

Parent or Legal Guardian Signature: _____ Date: _____

Return Registration, Medical Form and Waiver to:
Sea and Sun Camp, Inc. * P.O. Box 182 * Biloxi * Mississippi * 39533
Questions? E-Mail: seaandsuncamp@cablone.net

SEA AND SUN CAMP Inc.



VOLUNTEER REGISTRATION and WAIVER

ALL BLANKS MUST BE COMPLETED

VOLUNTEER INFORMATION

Name **(Please Print)** _____ Male Female

Birthdate: _____ Age _____ **If you are under the age of 18, please see below.**

Mailing Address _____ / _____ / _____
City State Zip

Cell Phone: _____ Email: _____

Organization or Group (If any): Lion (Club Name) _____ AT&T USM
 Other: _____

T-SHIRT SIZE (adult Sizes) - **Circle one:** Small Med Large XL 2XL 3XL 4XL 5XL

CAMP ATTENDANCE

Indicate Day and Time you plan to arrive at Camp Wilkes: Day _____ Time _____ am / pm

Indicate the night(s) you plan to sleep at Camp Wilkes during Camp:

Friday Saturday None

GUARDIAN INFORMATION

If you are under the age of 18, you must have your rightful legal guardian complete their contact information and sign this form.

Name **(Please Print)** _____ Male Female

Cell Phone: _____ Email: _____

WAIVER INFORMATION AND SIGNATURE

In consideration of the acceptance of this application form, I the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors, administrators and assigns, knowingly and willingly waive any and all rights and claims for damages I may have against the persons or entities connected with this event, including the Lions Of Mississippi Activities Corporation and Sea and Sun Camp, Inc., and I release and hold them harmless for any and all injuries sustained in connection with this event. I acknowledge that Lions of Mississippi Activities Corporation and Sea and Sun Camp, Inc. do not provide medical insurance, and any medical expenses are my responsibility. I hereby grant full permission to use my name and image in any photographs, videotapes, motion pictures, recordings, broadcasts, Social Media, Web Site, Internet or other record of this event. I further attest that I have read this waiver.

Signature _____

Date: _____

Office Use Only:

Volunteer Orientation Completed:

Yes

No

Date: _____

Background Check Completed:

Yes

No

Date: _____