### lionembseaNsunCDRCamp 2026 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) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Special Accommodations: (Please Explain) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Does your child have any restrictions on physical activity? Yes No

Does your child experience night blindness? Yes No

Does your child use/read or is leaning Braille? **(Circle ONE) YES NO**

## Parent or Legal Guardian Name: (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_