



Lion's Club of Bell Gardens

PRESENTS

LIGHTHOUSE LEADERSHIP CONFERENCE/CAMP

August 10-14, 2009

Arrowhead Ranch
480 Cottage Grove
Lake Arrowhead, Ca. 92352

Dear LIGHThouse delegate,

Thank for your interest in the 2009 Lion's Club LIGHThouse Leadership Conference/Camp presented by the Bell Gardens Lions Club. This year's camp will be held at the Arrowhead Ranch located in Lake Arrowhead from August 10 -14, 2009. This 5-day camp will provide you with leadership skills that will last a lifetime.

You will learn to work in groups, discover the value of helping others, make new friends and have fun while learning. Sessions in Communication, Problem Solving, Decision Making, Group Dynamics, and Cultural Diversity are presented in an interactive style.

Take time to fill out our application attached and return it to your Bell Gardens Lion's Club representative.

Your delegate packet should include the following items: (Return the checked ✓ items)

- ✓ Delegate Application (**Please return with a parent/guardian signature**)
- ✓ Health History, Parental & Photo Consent (**Please return with your parent/guardian's signature**)
- LIGHThouse Fact Sheet

Lion's Club representative, Please return all the forms to:

Bell Gardens LIONS Club
LIGHTHOUSE
PO Box 2465
Bell Gardens 90201
Attn: Paul Melendez

The LIGHThouse staff is preparing a dynamic program for this unique leadership experience. This will be the best investment you make for yourself.

See you at LIGHThouse!!

Lions LIGHThouse

Fact Sheet

What is LIGHThouse?

LIGHThouse stands for Leadership for Intrapersonal Guidance and Humanitarian Training. LIGHThouse is a 5-day long camp where you will grow, develop, and mature by learning to work in groups, discover the value of helping others, make new friends, and have fun!

What is the goal of LIGHThouse?

To give youth in the community of which the Lions serve the tools to create leaders with the potential to better themselves and the communities they live in and to involve youth in service organizations in their community.

When did LIGHThouse start?

LIGHThouse started in 2007 by the Bell Gardens LIONS Club.

How much does LIGHThouse cost?

\$300 per Delegate for the 5-day camp. **The LIONS club will sponsor delegates.**

How many people will attend LIGHThouse?

17 adult staff, 50 delegates

What is taught at LIGHThouse?

Group Dynamics	Stress Management	Risk Taking
Communication	Problem Solving	Goal Setting
Values	Project Planning	Presentation Skills
Cultural Diversity	Humanitarianism	
Time Management	HIV/AIDS Education	

Where is LIGHThouse?

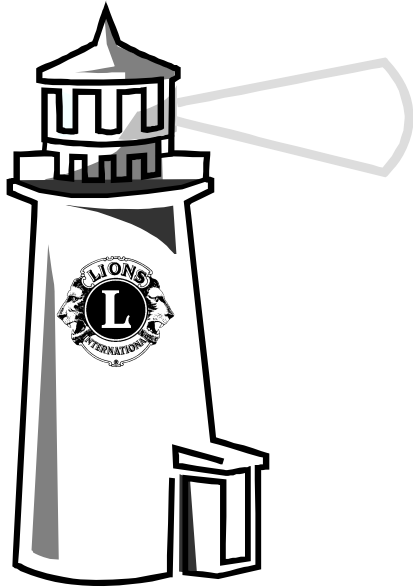
Arrowhead Ranch, 480 Cottage Grove Rd. Lake Arrowhead, California 92352

What are the results of LIGHThouse?

LIGHThouse delegates come from all walks of life, representing diverse cultures and socioeconomic backgrounds. LIGHThouse creates an environment of understanding, communications, and tolerance with people working together. LIGHThouse strengthens the individual to recognize their talents, skills and potential. Delegates learn the necessary leadership skills to make positive changes in their communities.

For more information about LIGHThouse please contact:

LIONS club of Bell Gardens
PO Box 2465
Bell Gardens, CA. 90201
Lions.lighthouse@gmail.com



Lion's Club of Bell Gardens

PRESENTS

LIGHTHOUSE LEADERSHIP CONFERENCE/CAMP

August 10 -14, 2009

Arrowhead Ranch
480 Cottage Grove
Lake Arrowhead, Ca. 92352

DELEGATE APPLICATION

APPLICATION DUE: JUNE 30, 2009
TO THE BELL GARDENS LIONS CLUB

Please type or print clearly

Name: _____ Age: _____ Birthday: ___/___/___ Sex: M ___ F ___

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Grade Next Fall: _____

Email: _____ MySpace Account: _____

Home Phone: (_____) _____ Mobil Phone: (_____) _____

T-shirt Size: S M L XL XXL

Do you have any family attend camp? Yes, Who? _____ No

Are you; Lactose intolerant Don't eat Beef or Pork Vegetarian Vegan Other _____

PLEASE CONTINUE ON NEXT PAGE

FOR OFFICE USE ONLY

Date Received: _____ Application Number: _____

Organization or club: _____ Application _____ of _____

Camp Photo Consent: _____ Health History: _____ Copy of Insurance Card: _____

Emergency Consent Form: _____ P: _____ D#: _____

Consent for Camp Photo(s)

Name of Delegate _____ Sex M F Age _____

Address _____

City _____ State _____ Zip code _____

I **do** ___ **do not** ___ give the LIONS CLUB OF BELL GARDENS, its nominees, agents, and assigns unlimited permission to use, publish, and republish for purposes of advertising and trade and for such use as it may determine, information and reproductions of my/my child's likeness (photographic or otherwise) and my/my child's voice related to my/my child's participation in Lions LIGHThouse Leadership conference with or without identification of me/my child's by name.

Example: *Camp photos may be used in newsletters, flyer, or for grant proposals. Showing photos of the camp the activities and how the delegates are involved aids in an effort for scholarships and future grants. By marking "do not" your child **will not be in any photos** at camp including the **camp group photo**. If there are any more questions on this matter please contact the Lions Club of Bell Gardens.*

Signature

(Parent/Guardian if under 18) _____ Date _____

Health History

To Parents: This form is to be completed in full and returned with parental consent forms. This information would be needed in case of illness or emergency and will be kept confidential. We **do not** take any responsibility for a pre-condition of the participant or lack of information regarding medical history. Delegates and staff are required to submit current health records and reports prior to going to LIGHThouse.

Delegate Name _____
Last First Initial

Address _____
Street City State Zip

Phone (____) _____ Age _____ Sex _____ Height _____ Weight _____ Birthday ____/____/____

Physician or Doctor's Name and Telephone Number _____

Insurance Company _____ Group # _____

*** * → Attach copy of insurance card to the next sheet ← * ***

If there has been any history of the following, please check:

- | | | |
|---|--|---|
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Fainting | <input type="checkbox"/> Shortness/breath |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Unconsciousness |
| <input type="checkbox"/> Trouble with eyes | <input type="checkbox"/> Hives | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Asthma, Hay Fever | _____ |

Comments on checked item (include diet limitations): _____

Does your child have any allergies? Please List _____

Unusual sensitivity to: Poison Oak () Insect Bites/Stings ()

If so, what type of medication(s) needed? _____

Is your son/daughter allergic to bee stings? _____

Please list any over-the-counter medications that we may NOT GIVE out. (Tylenol, Nyquil, Advil, etc...)

Please list any medication to be taken by the delegate while at the camp. _____

All medications MUST be properly labeled and brought to LIGHThouse camp with the delegate!

All medication MUST be given to the nurse upon arrival at camp who will dispense as needed.

Is there any reason your son/daughter cannot participate fully in any physical activity? _____

If so why? _____

Medical Insurance Information

Name of Delegate _____ Gender M F Age _____

Address _____

City _____ State _____ Zip code _____

Please attach a copy of Insurance card here.

If no Insurance, SEE BELOW ↓

**IF YOUR FAMILY HAS NO MEDICAL INSURANCE PLEASE HAVE A PARENT OR
GUARDIAN SIGN BELOW.**

I/We/My child does not have any Medical Insurance.
(only sign if you have no medical insurance)

Signature

(Parent/Guardian if under 18) _____ Date _____

Parental Consent & Emergency Contact

I hereby consent for my minor child, _____,
Name of Delegate

to attend Lions Club of Bell Gardens LIGHthouse Leadership Conference to be held at Arrowhead Ranch, Lake Arrowhead, California on August 10 -14, 2009.

In regard to the above-name student volunteer's participation in the above-referenced activity, I HEREBY AGREE to release and hold harmless the Lions Club of Bell Gardens, and its agents, employees and representative of and from any and all liability of any kind or nature whatsoever in connection with any loss, damage or expense suffered or incurred by the above-named student volunteer or by myself as the result of any act, intentional or unintentional, by (1) any person who is not an agent, employee or representative of the Lions Club of Bell Gardens, or (2) any other student volunteer.

I also authorize the Lions Club of Bell Gardens, and its adults, agents, employees or representatives into whose care the student volunteer has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the student volunteer under general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis by a dentist licensed under the provisions of the Dental Practice Act.

EMERGENCY CONTACT – Regardless of age

Please List Telephone number(s) where you can be reached in case of a medical emergency:

1. Name: _____ Relationship: _____

Home: (____) - _____ Mobile: (____) - _____ Work: (____) - _____

2. Name: _____ Relationship: _____

Home: (____) - _____ Mobile: (____) - _____ Work: (____) - _____

3. Name: _____ Relationship: _____

Home: (____) - _____ Mobile: (____) - _____ Work: (____) - _____

Signature of Parent/Guardian _____ Date _____