

IMPORTANT PHONE NUMBERS

Maryland Parent of Blind Children: 443-803-0266

Tom Wenzel 301-616-4811

Trudy Pickrel 301-501-1818

WHEN TO BE HERE: January 27-29, 2020

6 students

X February 10th - 12th

6 students

Feb 17th - 19th

January 27-29 arriving 27th at 5:30-6:00pm

February 10-12th arriving 10th at 5:30-6:00pm

February 17th-19th arriving 17th at 5:30-6:00pm

WHERE TO BE: Meet at Condo #20 will be provided

General Schedule

Monday:
5:30-6:00: check in with Tommy at Condo (Condo # will be provided later). Eat Pizza for dinner

Tuesday:

Morning: breakfast – Cooked by Lions Members

8:00: Ski slopes

Lunch: with volunteers at wisp

Afternoon: Skiing till 3:00

Dinner: at Lion's Club at Uno's

Evening: return to Condo

Wednesday:

Morning: Breakfast cooked by Lions Members

8:30 Skiing

Lunch: At Wisp with volunteers

Afternoon: WISP Skiing till 3:00

Leave for Home

DIRECTIONS:

Deep Creek Lake

Deep Creek Lake McHenry, MD

(From Baltimore)

178.3 mi, 2 hr 51 min driving
3 hr 7 min with traffic

Baltimore, MD

Keep straight onto I-395 S



Take ramp left for I-95 South toward Washington



3.6 mi

At exit 49B, take ramp right for I-695 West toward Towson



5.3 mi

At exit 16, take ramp right for I-70 West toward Frederick



91.1 mi

At exit 1A, take ramp left for I-68 West / US-40 West toward Cumberland

67.0 mi

At Exit 14A, Take ramp right for us-219 South Toward Oakland

0.3 mi

Bear right onto US-40/ US-219/Garrett Hwy

15. mi

At 1st Stop light turn right onto Deep Creed Drive at stop sign turn right and then first Left

Deep Creek Lake Lions Ski Camping PROGRAM

THINGS TO BRING/Cosas para traer

- Pillow (Almuada)
- Casual outfit for Lion dinner (Ropa de vestir para cenar)
- Snow jacket and pants (pantalones y chamarra para eskiar)
- 2 Gloves, 2 Hats, goggles if you have (2 pares de guantes, 2 gorros , Y gafas si las tiene)
- play clothes (3 outfits) sweats for under snow suit (3 cambios de ropa y pantalones de sweat para usar abajo de pantalon de eskiar)
- boots (botas)
- Toiletries (Soap, deodorant, shampoo, brush, toothbrush, toothpaste) [Jabon, desodorante, shampoo, cepillo de dientes, pasta de dientes ect]
- Any medications (clearly labeled) (si toma medicina)

Please let us know if you do not have winter snow clothes, the Lions do have some donated clothes. (Dejenos saber si no tiene ropa para eskiar y nosotros se los podemos proveer)

PLEASE NOTE: MUSIC players, stuffed animals, , etc. are permitted; however, the Lions club or MDPOBC will not be responsible for any loss or damage. The Deep Creek Lions club will cover all necessary fees for activities.

Deep Creek Lion and MDPPOBC

1886 Mosser Rd
McHenry, MD 21541
301-387-4182

Permission to Participate In Ski Program Activities

I hereby grant permission for my child, Beniamin Ahumada, to participate in all activities of the Deep Creek Lions Club Camping Program operated by the Deep Creek Lions Club. This includes all activities on and off the premises of the State Park. I understand that vehicles and adult supervision of my child will be provided by the Deep Creek Lions Club during all activities. I understand that the Deep Creek Lions Club not liable for any injuries to my child.

This permission covers all activities between July 17, 2019 and July 20, 2020.



Fiore Umada
Signature of Parent (Firma de padre)

November 12, 2019

Date (fecha)

Deep Creek Lion and MDPOBC
1886 Mosser Rd
McHenry, MD 21541
301-387-4182

Student Information Form

Name Benjamin Velazquez Alvarado Nickname Benja
Parents'/Chaperone/Guardian _____
Attending Names _____

Address _____

City _____ State _____ Zip _____

Phone (h, w, c) _____

E-mail _____

Students Age 10 Birth Date 12-17-2008

Brothers and Sisters Yes _____ No X

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

School Attended School without walls at Francis Stuegrade 50

Favorite Subject(s) Gym

Hobbies and Interests Skate

Has your child ever been away from home before? Yes ✓ No _____

Does your child have any dietary restrictions? Yes _____ No ✓

If yes, please provide some detail _____

Can your child ski? Yes _____ No ✓

How many years have they Snow Skied? _____

If yes, please provide some detail _____

Have you had training in...

Cane Travel Yes _____ No _____

Do you use a cane? Yes _____ No _____

If so, when? _____ always _____ at night _____ at school _____ only in new settings

List the cause of your visual impairment. Do you have any residual vision? If so, describe.

Favorite Foods PIZZA - Hot dog - Smash potato

What would you like to learn in the ski Program? Skating

What else should we know about you? _____

Camping Program Cell Phone Policy

NOTE: If your child has a cell phone, and you will be sending it to Deep Creek with him/her, please provide the telephone number of that phone below. Cell phones are allowed, but approved use is limited, and they must be turned off during group activities. They may be used during evenings and weekends as directed by DCL and MDPOBC Volunteers. Unless extenuating circumstances intervene, students will be allowed to telephone you in evenings.

Volunteers/Parents will secure student phones and distribute them as necessary for calling home (for safety of phone around water and sports events. Thank you for agreeing to abide by these stipulations.

X Student Cell Number: None

By signing below, I indicate my agreement with the aforementioned cell phone usage policy.

X F. Fumado
Signature of Parent

X _____
Date

Deep Creek Lions and MDPBC
AUTHORIZATION FOR EMERGENCY MEDICAL CARE

CHILD'S NAME Benjamin Isaias Volenguela Ammedo
PARENTS' NAMES Francisco Ammedo Gorette
ADDRESS 2305 Massachusetts Ave.
City Washington State DC ZIP 20008
TELEPHONE(Home) 202 265-0515 Cell (202) 591-5760
(Office/Other) _____

TYPE OF MEDICAL COVERAGE: _____

NAME OF POLICY HOLDER Francisco Ammedo Gorette
CARRIER Care First Blue Choice
POLICY No. QXG 904769452

In the event of a medical emergency, I/We hereby authorize the provision of medical and/or surgical treatment by an appropriate medical clinic, hospital, or private practitioner for the above-named child. I/We authorize any of the following to authorize such provisions of emergency treatment on said minor's behalf if we are unable to be reached.

1. NAME Alexandro Quezada
ADDRESS 500 Hillstrove Dr Silver Spring MD 20902
TELEPHONE (Home/Cell/Business) _____
2. NAME _____
ADDRESS _____
TELEPHONE (Home/Cell/Business) _____

In the event none of the above can be contacted within a suitable period of time, I authorize the volunteers of the Deep Creek Lions Club and MDPBC to authorize emergency treatment on said minor's behalf. Further, I/We understand that the Louisiana Center for the Blind agrees to inform me as soon as possible of the need for and result of any emergency treatment provided under this consent.

Authorizing Signature: Franco G Date _____

Deep Creek Lions Club and MDPOBC

MEDICAL RECORDS

Print or Type Name: _____

PHYSICIAN'S NAME: Yuly Rios

ADDRESS: May Center Ontario
 City 2393 Ontario Rd State NW Zip 20009

TELEPHONE: 2024267131

SPECIALTY: siu logo. Jessica Schroeder
Pediatric 2024838196

DESCRIBE ANY ALLERGIES OR SERIOUS AND/OR CHRONIC MEDICAL CONDITIONS.

Does your child take any medication on a regular basis? Yes ___ No ___

Name of Medication	Dosage & time taken	Reason for Medication	Can child administer independently?	Additional Comments
<u>Fluoxetine</u>	<u>2.5 ml</u>	<u>Depressio</u>	<u>Por or obsolete</u>	

NOTE: Upon request, the Chaperones will assist students in the location and accessibility of medication and treatment.

F. Rios
 Parent's Signature

 Date