Give to CRSB through Give to Lincoln Day

For a third year, CRSB is among Lincoln, Nebraska-based nonprofit organizations that are participating in Give to Lincoln Day.

The one day event, Thursday, May 28, is a time for these organizations to raise needed funds for locally-based projects.

Approximately 80 CRSB clients live in Lincoln and Lancaster County. Funds raised by the Give to Lincoln Day event are exclusively for projects and needs in the Lincoln area.

Special to Give to Lincoln Day is a $300,000 percentage-based match. Disbursements are based on the percentage of all donated funds.

For example, should CRSB raise 1% of the total amount received by all participating nonprofits on Give to Lincoln Day, CRSB would then receive an additional $3,000.
Help your donor dollars stretch by supporting CRSB on Give to Lincoln Day.

**Learn more about CRSB's Give to Lincoln Day project and save the date!**

### 2015

**CRSB/NCBC Event Calendar**

**May 21, 2015**
NCBC Timber Ridge registration due

**May 24, 2015**
NCBC Blind Bikers Across Tennessee registration due

**May 28, 2015**
Give to CRSB through Give to Lincoln Day

**June 21-28, 2015**
NCBC Camp at Timber Ridge

**June 24-28, 2015**
NCBC Blind Bikers Across Tennessee

**NCBC Camp Application**

What is Christian Record?

Christian Record Services for the Blind (CRSB) offers materials, programs, and friendship to children and adults who are blind or visually impaired.

The following services are provided free to all qualified individuals:

- Magazines and resources in braille, large print, and audio
- Audio lending library
- Bible school
- National Camps for Blind Children (NCBC)
• **inSight4Vets digital players**

To learn more about Christian Record and to request information about enrolling in services, click here.

All services and programs offered by Christian Record Services for the Blind are funded by generous financial gifts. Consider giving a gift today to help a person who is blind see Jesus.

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**Christian Record on Social Media**

[Icons for Facebook, Twitter, LinkedIn, and YouTube]

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**Email Sponsored By:**

[Logo for Cares for Kids]

The Constant Contact Cares for Kids program supports youth oriented nonprofit organizations. Learn more about the Cares for Kids program.

More than 500,000 small businesses and organizations trust Constant Contact to connect with their customers and members. Signup for a free 60-day trial.

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Christian Record Services, Inc. | 4444 South 52nd Street | Lincoln | NE | 68516
Christian Record Services for the Blind is a Lincoln-based organization that serves people who are blind or visually impaired. Over its 116-year history, Christian Record has supplied tens of thousands of people with informative, encouraging, inspirational braille publications.

Besides braille, Christian Record also produces large print magazines, audio materials, and downloadable online content. Christian Record also sponsors summer and winter camps through National Camps for Blind Children.

Today Christian Record continues to provide braille publications for children and adults. Here is a partial list of the braille materials Christian Record produces:

- **The Children’s Friend**: Especially for children ages 9-12, this magazine shows kids how to put faith into action. It features stories about outdoor adventures, missionary endeavors, children confronting peer pressure, and Bible stories.
- **Full-Vision books**: Full-color preschool stories that include print, braille, and audio. Designed for families where one member is blind or visually impaired.
- **Christian Record**: An inspirational magazine that seeks to make Christianity practical in everyday issues such as relationships, health, and money management.
- **Books of the New Testament**: These braille Bible portions are enjoyed because of their high-quality braille and spiral binding. Readers can lay the book flat on a surface (unlike other braille Bibles) or turn the pages back against themselves.
- **Bible promises compilation**: CRSB editorial picks, such as *Promises, Challenges, and Encouragement*.
- **Books on building - and keeping - positive relationships**: *What Happy Couples Know*, *Laws of Dating*, and *Understanding Sexual Abuse*.

Thousands of people living with blindness throughout the United States and in more than 70 other countries love reading Christian Record’s braille publications.

**Christian Record serves approximately 80 people in Lincoln and Lancaster County. Your help today will increase Christian Record’s ability to produce specialized reading materials in braille . . .**

. . . and we need your help!

Some of Christian Record’s specialized braille resources require a small print quantity – one hundred copies or fewer. A Heidelberg high-speed braille press is used for braille print jobs of several thousand magazines. However, it is more efficient and economical to print the smaller braille print jobs on an Index Basic-D Braille Printer.

The Basic-D Braille Printer produces high-quality interpoint braille (on both sides of the paper) at 100 characters per second. Besides producing excellent braille, it can also print high-resolution tactile graphics like maps, pictures, and designs. This feature is especially useful for printing tactile pictures for children’s books.

**Christian Record's braille Bible portions, Bible promises compilation, and healthy relationships books are exclusively produced on the Basic-D Braille Printer.**

Christian Record currently owns one Basic-D Braille Printer. When this machine is running, the operator has to wear hearing protection. The room where the printer is housed has minor noise baffling, but even with the door closed,
the noise into other areas of the building is very bothersome.

Christian Record would like to expand its ability to serve our blind friends with specialty braille resources by purchasing a second Basic-D Braille Printer.

Two acoustic hoods are also needed to control the operating noise: one for the new printer and a second for the existing printer. The cost for the printer and two hoods is approximately $7,000.

Any funds donated over the goal will be used to print and send Christian Record's braille publications to people living with blindness.

Thank you very much for your generosity. Giving toward this gift will help people in Lincoln and Lancaster County, as well as those in CRSB's global outreach, to receive quality braille reading materials.

2014 GTLD Update: Because of your generosity during the 2014 Give to Lincoln Day, Christian Record received funds for much-needed campus improvements. Tree stumps and unwanted bushes have been removed, and new trees will soon be planted. Thank you! Visit Christian Record Services for the Blind on Facebook for more news and campus improvement updates.
We look forward to seeing you at camp!
INSTRUCTIONS

For completing Camp Application
Please use black ink and print clearly. (pencil and blue ink do not copy well)

1. CAMP APPLICATION information is essential. Please fill in every blank*.  
   *Decide which camp you wish to attend and write the name and date of that camp 
   on the application where it says Camp Name _____, Camp Dates _____. Please 
   do not write NCB camp on that line.

2. If FAXING A CAMP APPLICATION TO NCB, it must be accompanied with credit 
   card payment. Call 402-488-0981, ext. 222 or ext. 224 to give cc information.

3. HEALTH RECORD must be completed.

4. MEDICAL EXAMINATION AND CURRENT TETANUS BOOSTER are required for 
   ALL campers. Your primary care physician must complete and sign the sections 
   provided in your application.

5. NURSES NEED TO KNOW THE MEDICATIONS THEY ARE DISPENSING; so 
   campers must bring medicines in original containers to camp.

6. CONSENT AND RELEASE section must be signed. If you are under 18 years of 
   age, you must have a parent’s or legal guardian’s signature.

7. COST — National Camps for the Blind is sponsored by Christian Record Services 
   for the Blind. These camps are made available through financial gifts from civic- 
   minded individuals. There is a nonrefundable application processing fee of $35 
   for the first camp. Each additional camp is $350. (Winter camps and bike camps are 
   $35 each. They are excluded from the $350 fee.) Mail the processing fee along with 
   the application to NCB.

8. SIGHTED GUIDE INFORMATION: You must be able to walk on your own and care 
   for your own needs. Otherwise you are expected to provide, and pay the costs for, 
   a personal sighted guide. Campers who use non-electric wheelchairs, must provide 
   their own sighted guide. Contact the National Camps for the Blind office for a sighted 
   guide application and the fee at (402) 488-0981, ext. 222 or ext. 224. Individuals 
   with multiple disabilities may not be eligible to attend camp.

9. Convicted sex offenders will not be accepted to attend camp.

10. Your attendance at camp is subject to receiving an acceptance letter.

11. Do not make plane reservations until you have been accepted to camp.
2015 CAMP APPLICATION

INCOMPLETE APPLICATIONS WILL BE RETURNED  (Print plainly with black ink)

The camp schedule lists the camp names and dates.

NCB camp attending _______________________  Camp dates ______________

Attended NCB before  ❑ Yes  ❑ No

Camper’s name _______________________________________________________

Mailing address

Phone (_____ ) _____ - _________  Cell Phone (_____ ) _____ - _________

Name camper goes by if different from first name _________________________

Legally blind: Central visual acuity that does not exceed 20/200 in the better eye with correcting lens; field of vision no greater than 20 degrees in it’s widest angle (visual acuity of 20/200 means that a person can see at a distance of 20 feet what one with “normal” sight can see at 200 feet.)

❑ Legally    ❑ Totally    ❑ Has seeing-eye dog

❑ Male    ❑ Female  Birthdate _______________________ Age ______

T-shirt size (men’s sizes)    ❑ S    ❑ M    ❑ L    ❑ XL    ❑ 2XL    ❑ 3XL

In emergency, notify Name ______________________________________________

Phone (_____ ) _____ - _________  Cell phone (_____ ) _____ - _________

MAIL APPLICATION (4 center pages) AND PROCESSING FEE TO:

National Camps for the Blind
PO Box 6097
Lincoln, Nebraska  68506-0097
www.blindcamp.org
**CAMP HEALTH RECORD**

**IMPORTANT** Please notify the camp if the camper is exposed to any communicable disease during the three weeks prior to camp attendance. Not recording true medical and/or mental condition is reason for dismissal or rejection.

**HEALTH HISTORY** (Check and give approximate dates & causes.)

- Asthma
- Heart trouble
- Kidney trouble
- Athlete’s foot
- Diabetes
- Seizures (date & cause of last one)
- Chronic or recurring illness
- Operations (dates)
- Serious injuries (dates)
- Bedwetter (Bring Pull-ups/Depends/or equivalent for the entire week.)

Allergies
- Insect stings
- Penicillin
- Other drugs

**HANICAPS**

- Can camper sleep on top bunk?  Yes  No
- Mental (to what extent?)
- Physical (to what extent?)
- Is camper being seen by psychiatrist?  Yes  No
- Can camper function at high altitude?  Yes  No

**MEDICAL INSURANCE**

**INSURANCE INFORMATION** (Do not send copy of insurance card with application.)

Name of Insurance Company ________________________________

Insurance Company Telephone __________________ Insurance ID# __________________

Name of Insured ___________________________ Relationship to Camper ____________

**RESTRCTIONS**

National Camps for the Blind ARE NOT staffed to care for campers with mental and/or physical problems that require professional staff. Campers must be able to walk on their own and care for personal needs. Otherwise campers are expected to provide, and cover the costs for, sighted guides. Those with multiple disabilities may not be eligible. Persons who cannot control their bowels should not attend camp.

- Camper can perform daily hygiene activities **unassisted** (dress, comb hair, etc.).
- Camper can perform daily personal activities **unassisted** (eating, restroom, etc.).

Reason camper cannot perform activities unassisted ________________________________
MEDICATIONS
Nurses need to know prescription medications they are dispensing; so campers MUST bring medicines to camp in original containers. List ONLY prescription medications.

Perscription meds _______________________ Dosage _____________________
Perscription meds _______________________ Dosage _____________________
Perscription meds _______________________ Dosage _____________________
Perscription meds _______________________ Dosage _____________________
Perscription meds _______________________ Dosage _____________________
Perscription meds _______________________ Dosage _____________________

TO BE COMPLETED BY CAMPER’S PRIMARY CARE LICENSED PHYSICIAN OR NURSE.

VISUAL ACUITY (Required)
Corrected with glasses Left 20/ _______ Right 20/ _______

If either of the campers eyes are better than 20/200 with glasses, why are they considered legally blind?
_________________________________________________________________________________

IMMUNIZATION (Required)
NCB urges each camper to make sure that all immunizations are up to date. Campers MUST have had a tetanus shot within the past 10 years. Last tetanus booster date __________

OVER-THE-COUNTER MEDICATIONS
Are there any over-the-counter medications the the camper cannot take? If so, please list. ______________________

MEDICAL EXAMINATION (Required)
This examination should be performed not more than 12 months before arrival at camp for determining fitness to engage in strenuous activities.

Height __________ Weight __________ Blood pressure __________

Diagnosis ____________________________

List Restrictions (if any) ____________________________

I have examined the person herein described and have reviewed their health history. It is my opinion that they are physically able to engage in camp activities, except as noted above.

Licensed Primary Care Medical Professional _____________________________

Printed name _____________________________ Title _____________________________ Signature _____________________________

Address _____________________________ Number & Street _____________________________ City _____________________________ State _____________________________ ZIP _____________________________

Phone _____________________________ Date _____________________________
CONSENT & RELEASE

PLEASE READ CAREFULLY and sign below. IT IS MANDATORY THAT THIS BE SIGNED. Your application will be returned if it is NOT signed.

TRANSPORTATION TO AND FROM CAMP IS YOUR RESPONSIBILITY!

★ I release the camp, its management, Christian Record Services for the Blind, and National Camps for the Blind from liability in case of accident or illness and do further indemnify and hold harmless such entities and persons from such claim.

★ In case of a medical emergency, I hereby give permission to the physician selected by the camp director or health care personnel to secure proper treatment and/or to hospitalize as deemed necessary.

★ All information is correct to the best of my knowledge.

★ I agree to cooperate with the camp staff and National Camps for the Blind staff.

★ I agree not to engage in illegal or prohibited activities.

★ I understand and agree to abide by the restrictions placed on my camp activities.

★ I understand that smoking, use of illegal drugs, alcohol, tobacco products, firearms, explosives, and sexual promiscuity between male & female, male & male, or female & female are not permitted at camp.

★ National Camps for the Blind has the right to reject or send a camper home, at the camper’s or caregiver’s expense.

★ I hereby consent and authorize National Camps for the Blind (NCB) and Christian Record Services for the Blind (CRSB) or its assignees, to use my name as well as my photos, videos, audio recordings and other information for the purpose of news releases, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto.

I hereby release CRSB from all liability in connection with all such uses and agree to indemnify and hold harmless CRSB from any and all claims that may arise from or be related to the use of my image/photograph. I grant this privilege to NCB and CRSB without compensation or payment of any kind.

Signature ___________________________ Date __________________

I am the □ Parent □ Legal Guardian □ Adult Camper □ Caregiver

(All campers under 18 years old must have parent’s or guardian’s signature.)
INFORMATION

MOST CAMPS — Designed for ages 9 to 65.

WINTER CAMP — Campers must be physically fit so that they can participate in winter activities. Camp AuSable is for ages 14 to 65.

OBJECTIVES — To discover undeveloped potential, increase self-confidence, improve mental and physical vigor, and develop an appreciation for God’s love and care.

ELIGIBILITY — Legally blind persons age 9 and over are eligible on a nondiscriminatory basis. The medical exam must be signed by your doctor before your application can be processed. Campers with multiple disabilities may not be eligible. Some camps are not wheelchair accessible.

REASON FOR DISMISSAL AND REJECTION — National Camps for the Blind has the right to reject or send a camper home, at the camper’s or caregiver’s expense, for the following reasons:
1. Falsifying the application
2. Engaging in illegal or prohibited activities
3. Not cooperating with the camp staff and National Camps for the Blind staff
4. Recording false medical and/or mental condition
5. Sex between male & female, male & male, or female & female.
6. Lack of anger control

ARRIVAL AND DEPARTURE — Registration begins at 4:00 p.m. on the day that camp starts, and departure time on closing day is between 8:00 and 9:00 a.m., except where otherwise designated in the acceptance letter.

TRANSPORTATION — Campers are RESPONSIBLE for their own transportation to and from camp. National Camps for the Blind assumes no responsibility for the transportation of blind or visually impaired campers to or from any of its camps.

NOT ALLOWED AT CAMP — No smoking, alcoholic drinks, drugs, firearms, or explosives are allowed at camp. Sexual activity is not allowed at camp.
FACILITIES — Special safety precautions are taken in all areas of the camps program. The ratio of counselors is one to every three or four campers. Medical staff is on duty 24/7.

ACTIVITIES — The activities will vary at each camp, depending on facilities and equipment. Some of the activities are archery, campfire, mini-bikes, talent night, canoeing, rappelling, tandem bicycling, beeper baseball, rock climbing, touch-and-feel trail, crafts, tubing, hiking, sailing, water-skiing, camp council, horseback riding, swimming (snow skiing, sleighing, and snowmobiling at winter camp), and much more.

NOTICE OF POSSIBLE CHANGES — National Camps for the Blind plans far in advance for its camps, with the full intention of holding each camp scheduled. It may become necessary, however, to reschedule, relocate, or cancel a specific camp.

Christian Record Services for the Blind / National Camps for the Blind assumes no financial liability for such changes. To confirm a camp date or location, please call the home office at (402) 488-0981, ext. 222 or ext. 224. Camp dates and locations are also posted at www.blindcamp.org or at www.christianrecord.org.

National Camps for the Blind
PO Box 6097
Lincoln, NE  68506