outlook
ENRICHMENT
Journey Beyond Vision

Outlook Explorers: Journey Beyond Vision Camp

Participant Application

Camp Dates: July 18–23, 2027
Location: University of Nebraska at Omaha
Hosted by: University of Nebraska at Omaha & Outlook Enrichment
Camper Capacity: 16 Participants (Ages 9–19)

Application Deadline: March 9, 2027

Camper Information:

Camper Name: _____

Date of Birth (MM/DD/YYYY): _____

Age at Time of Camp: _____

Gender: _____

T-shirt Size: _____

Primary Vision Diagnosis: _____

Secondary Disabilities (if any): _____

Is your child legally blind?

☐ Yes ☐ No ☐ Unsure

How does your child currently use vision? (select all that apply)

☐ Uses residual vision
☐ Uses assistive technology
☐ Uses adaptive equipment
☐ Does not use vision functionally

Mobility Tools Used (select all that apply):

☐ White cane
☐ Support cane
☐ Guide dog
☐ Sighted guide
☐ None

Other details: _____

School Information:

School Attending: _____

School District: _____

Grade for 2027–2028 School Year: _____

Parent/Guardian Information:

Parent/Guardian Name(s): _____

Relationship to Camper: _____

Primary Phone: _____

Secondary Phone: _____

Email Address: _____

Mailing Address (include city, state & zip): _____

_____

_____

Emergency Contact (Other Than Parent/Guardian):

Name: _____

Relationship: _____

Phone Number: _____

Medical Information:

Camper's Physician: _____

Physician Phone: _____

Insurance Provider: _____

Policy Number: _____

Medications (include dosage and schedule):

_____

_____

_____

Allergies (food, medication, environmental):

_____

_____

_____

Dietary Restrictions or Needs:

_____

_____

_____

Mobility Considerations:

☐ Can walk independently
☐ Uses cane
☐ Uses wheelchair
☐ Needs assistance

Additional Concerns: _____

Any behavioral or support considerations we should be aware of?

_____

_____

_____

Experience & Interests:

Has your child participated in Outlook Enrichment events before?

☐ Yes
☐ No

If yes, which events? _____

Has your child attended a camp before?

☐ Yes
☐ No

If yes, which camps? _____

What activities does your child enjoy? (check all that apply)

☐ Sports

List what sports they like: _____

☐ Arts & crafts
☐ Technology
☐ Music
☐ Outdoor activities
☐ Games
☐ Social activities
☐ Other: _____

What is one goal you have for your child at this camp?

_____

_____

How Did You Hear About Outlook's Youth Camp?

☐ School/TVI (Teacher of the Visually Impaired)
☐ Social Media
☐ Outlook Enrichment website
☐ Word of mouth
☐ Another organization (please list): _____
☐ Email or newsletter
☐ Other: _____

Camp Fee & Scholarships:

The cost for each camper is $300.

If you are unable to pay the full amount, please indicate below so we can explore scholarship opportunities:

☐ I can pay the $300 fee
☐ I need partial scholarship assistance
☐ I need full scholarship assistance

Please share any details regarding financial need:

_____

_____

_____

Permissions & Releases:

Photo/Video Permission:

I give Outlook Enrichment and the University of Nebraska at Omaha permission to use my child's photo/video for marketing, social media, and program purposes.

☐ Yes ☐ No

Medical Treatment Release:

In case of emergency, I authorize camp personnel to obtain medical treatment for my child.

☐ Yes ☐ No

Participation Agreement:

I understand that camp activities may include physical, recreational, or outdoor events. Reasonable precautions will be taken for safety.

☐ Yes, I agree

Parent/Guardian Acknowledgement (first & last name typed):

_____

Date: _____

Submission:

Please return your completed application by **March 9, 2027**.

Application Review & Notification:

Outlook Enrichment will confirm receipt of all applications and will follow up once final participant selections are complete. Applicants will be notified of receipt by Outlook Enrichment of final selection by the Camp Administrative Staff.

If you have questions, please contact:
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