



**Blind Service Chicago  
17 N State St. Suite 1050  
Chicago, IL 60602  
312-236-0808**

Thank you for your interest in Blind Service Chicago's (BSC) summer camp, Pathways. Eligible students are blind or low vision youth, ages 12 through 17. The program launches on July 6, 2026, and runs through July 31, 2026. Hours are 9:00 a.m. to 2:00 p.m. Monday through Thursday and 9:00 a.m. to 1:00p.m. on Fridays.

For students in Chicago, transportation to and from Pathways is available each day. (Please inquire about transportation for suburban students.) Lunch and snacks are provided for all students. Activities include daily living skills, mobility and cane travel, cooking, adaptive sports, and a host of cultural and recreational pursuits. A schedule of activities will be distributed to parents/guardians before the summer begins. All precautions will be taken to ensure the safety of your student. If you do not want your student to participate in any given activity, you can opt out. Because of the wide range of accommodations and contingencies, parents/guardians must complete and sign the attached forms, including the form for a VI teacher.

Send completed applications to:

Ginger Leopoldo  
Director of Youth Programs  
[gleopoldo@bsachicago.org](mailto:gleopoldo@bsachicago.org)  
312-236-0808

Complete applications, including fee, will be reviewed. After review, parents/guardians will be notified if their student is approved to attend Pathways.

### **2026 PATHWAYS APPLICATION CHECKLIST**

1. \_\_\_\_\_ 2026 Application and Information Form
2. \_\_\_\_\_ Signed Waiver of Liability, Photo Release, & Release of School Information
3. \_\_\_\_\_ VI Teacher Form
4. \_\_\_\_\_ Application Fee, includes daily lunch and transportation.

**BLIND SERVICE ASSOCIATION'S PATHWAYS PROGRAM**  
**2026 Application and Information Form**  
**To be completed by parent or guardian**

**CHILD'S INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

School Name \_\_\_\_\_

Grade in Fall of 2024 \_\_\_\_\_

Identified Gender \_\_\_\_\_

Birthdate \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

**Emergency contact (MUST BE INCLUDED):**

Name of contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone numbers \_\_\_\_\_

For the benefit of your child and to maximize their opportunities at Pathways, please provide thorough answers to the following questions.

Has your child undergone any operations or sustained serious injuries?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain.

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Does your child use any of the following? Please check all that apply.

Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Support Cane \_\_\_\_\_ Hearing Aid \_\_\_\_\_

Can your child carry five pounds of groceries for one city block?

Yes \_\_\_\_\_ No \_\_\_\_\_

Withstand sun exposure for one-half hour?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is blindness the child's only disability? If no, please explain.

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How would you describe your child's level of activity?

Constantly on the go \_\_\_\_\_  
Likes a lot of physical activity \_\_\_\_\_  
Moderately active, likes some physical activity \_\_\_\_\_  
Prefers slower paced indoor activities \_\_\_\_\_  
Doesn't like to be active at all \_\_\_\_\_

Does your child have any behavioral condition that may impede him/her or other students from participating in any activities?

Yes \_\_\_ No \_\_\_ If yes, please explain.

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Does your child have any dietary restrictions, including vegetarian, vegan, lactose intolerance, gluten intolerance, nut allergies?

Yes \_\_\_\_ No \_\_\_\_ if yes, please explain.

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Does your child have any allergies?

Yes \_\_\_\_ No \_\_\_\_ if yes, please explain.

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Is your child currently taking any medications?

Yes \_\_\_\_ No \_\_\_\_ if yes, please explain.

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### **Pathways Registration Fee**

Early registration fee (before May 21st) is \$100 for each application. After May 21, the registration fee is \$120 per application. All checks can be made out to Blind Service Chicago. All payments should be made as a check or money order.

### **Transportation**

For your child to qualify for free curb-to-curb transportation, applications are due on June, 10th. Otherwise, the deadline for registration is June 18th.

Please note: We ask for full participation throughout the program from your student. Withdrawal from the program prior to the end date without sufficient reason may incur a \$100 fee. Many students would like to partake in this program, but we must limit the size of the group to ensure a quality experience. If your student needs to be absent for any reason, please give notice to the staff in advance.

## Waiver of Liability for Pathways

The following must be completed and signed before the student is allowed to attend Pathways:

I hereby unconditionally release and indemnify Blind Service Chicago (“BSC”), and any of their officers, directors, executives, employees, agents, volunteers, and anyone working under, through or in connection with BSC with respect to any incident, claim, occurrence, loss, injury, or damage that could or may arise out of or in connection with such participation, including (by way of illustration and not limitation): travel to, from, and within any destination or location; use of any and all facilities used in connection with Pathways or any part thereof; social; cultural and other events (including, by way of illustration and not limitation) trips and educational programs; and any other events or activities in which my child may participate or engage, whether or not the same may be deemed to be related to Pathways or BSC.

I hereby grant permission for the administration of medical treatment and /or first aid to my child by any BSC volunteer and/or staff person and by those transporting my child, as their judgment deems advisable. I grant permission for these same individuals to make any necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that BSC will attempt to promptly notify me in the event of any serious illness or accident and prior to major surgery, except when a delay in such communication would endanger life in BSC’s sole discretion. I hereby give permission to the physician selected by any BSC volunteer and /or staff person to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, if deemed necessary for my child. In the event of serious illness or injury, I authorize emergency medical care for my child. I wish my child to be taken to the nearest Emergency Medical Facility, and the doctor listed below to be notified.

I hereby acknowledge that I am executing this instrument with full knowledge of the purpose and effect of the contents hereof, that I have had the benefit of legal advice and counsel of my own choosing, and that I execute the same freely and voluntarily, and on the basis that this instrument cannot be altered or revoked except in writing approved and signed by me. By signing below, I agree to the terms outlined above.

Doctor’s Name \_\_\_\_\_

Doctor’s Phone Number \_\_\_\_\_

Doctor’s Practice Address \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Name of Child

**Photo Release**

I give BSC permission to take my child’s photograph for use to promote programs of BSC and general interest for the common good of the blind and low vision community.

\_\_\_\_\_  
Parent/Guardian Signature

Release of Information

I, \_\_\_\_\_, give permission to the  
(Parent/ Guardian’s Name)

Resource teacher of \_\_\_\_\_  
(Child’s Name)

to release all information requested on the attached teacher’s form to BSC. I understand that the information given will only be used to determine my child’s eligibility to participate in the Pathways Summer Program.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Release of School Information (for TVI/O&M form)**

I authorize my child’s Teacher of Students with Visual Impairments (TVI) and, if applicable, Orientation & Mobility (O&M) Specialist to share the information in the TVI/O&M Information Form with BSC to help determine eligibility and plan supports for Pathways.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date