

# 2010 Summer Application For Partners In Adventure, Inc

An inclusive summer camp experience for young people with diverse abilities

Camper's name/Nickname \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_  
Address \_\_\_\_\_ town \_\_\_\_\_ zip \_\_\_\_\_  
Phone \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_ e-mail \_\_\_\_\_  
Emergency Contact (Name/Phone) \_\_\_\_\_

**Diagnosis of camper:** \_\_\_\_\_ (please provide more info. on Health Forms)

## **Information about camper:**

Please describe your child's likes, dislikes, fears and personal goals for this camp experience.

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Please rate by number camper's experience: 1.Never done 2.Little experience 3.Experienced  
4.Willing to try 5.Nervous to try 6..Not Interested 7. Can't wait to do 8. Prohibited from doing

Swimming \_\_\_\_\_  
Horseback riding \_\_\_\_\_  
Boating \_\_\_\_\_

**Does your child have physical or communication challenges?** Yes / No If yes, please fill out the following:

### **Mobility**

Is able to walk independently \_\_\_\_\_  
Uses a device for mobility (please describe) \_\_\_\_\_  
If your child uses a wheelchair, can they transfer? \_\_\_\_\_  
Does the chair collapse? \_\_\_\_\_  
Level of assistance needed \_\_\_\_\_

### **Communication**

Communicates by speaking \_\_\_\_\_  
Communicates by (please specify) \_\_\_\_\_

**Other accommodations needed** \_\_\_\_\_

**Does your child require an aide at school?** Yes / No If yes, parent is responsible for providing an aide for camp. Information about aide will need to be provided upon acceptance.

### **General attitude & behavior:**

1. Normal, no problems
2. Mild problems, interferes sometimes
3. Moderate problems, interferes frequently
4. Severe problems, interferes constantly

**(Enter appropriate number from above to each item listed below)**

Frustration tolerance \_\_\_\_\_ Hostility \_\_\_\_\_ Confusion \_\_\_\_\_ Anxiety \_\_\_\_\_  
Temper \_\_\_\_\_ Distractibility \_\_\_\_\_ Impulsiveness \_\_\_\_\_ Follow directions \_\_\_\_\_  
Problem solving \_\_\_\_\_ Memory \_\_\_\_\_ Slowness of speech \_\_\_\_\_  
Spacial disorientation \_\_\_\_\_ Ability to self correct \_\_\_\_\_ Cognitive ability \_\_\_\_\_

### **Other important information**

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**Please complete other side.**

**I am interested in having my child attend camp:** (Please indicate your order of preference if you are requesting more than one session. Every attempt will be made to meet all requests; however this will help us in the event that we are unable to do so.)

\_\_\_\_\_ **Session 1:** June 21 - July 2, base camp: Mater Christi School in Burlington

\_\_\_\_\_ **Session 2:** July 5 – 16, base camp: Jaycee Park on Patchen Rd. in S. Burlington

\_\_\_\_\_ **Session 3:** July 19 – July 30, base camp: Jaycee Park on Patchen Rd. in S. Burlington

\_\_\_\_\_ **Session 4:** August 2 – 13, base camp: Essex Alliance Church with Maple St. Park in Essex Junction

**The cost of tuition for each camp session is \$500, Please enclose a \$25 deposit for EACH session. Deposit will be deducted from your remaining balance. Volunteers are also required to submit a \$25.00 processing fee.**

**No applications will be processed without deposit. Full tuition payment is due by May 1.**

**Amount enclosed:**

**1 session \$25 \_\_\_\_\_ 2 sessions \$50 \_\_\_\_\_ 3 sessions \$75 \_\_\_\_\_ 4 sessions \$100 \_\_\_\_\_**

**APPLICATIONS & SCHOLARSHIPS ARE PROCESSED ON A FIRST COME FIRST SERVE BASIS**

A limited number of scholarships are available. Will you need a scholarship for your camper to attend?

Full scholarship \_\_\_\_\_ Half scholarship \_\_\_\_\_

I can contribute this much money toward tuition \$ \_\_\_\_\_ (Only 1 scholarship can be awarded per family per child)

For help with tuition, there is also assistance available through Parent To Parent Of Vermont. Call 802-655-3507. Also consider your local Lions Club, VFW, and Rotary Clubs

**To ensure a wonderful and successful program we will, when selecting applicants, take into consideration the uniqueness of each applicant. By doing so, we hope to realize a diverse and dynamic camp population. If we are unable to select your child, because of space and other restraints, your deposit will be returned.**

**Please return promptly: Deposit \_\_\_\_\_ Application \_\_\_\_\_ Health Form Part 1 \_\_\_\_\_**

(please check one) My camper Can \_\_\_\_\_ Cannot \_\_\_\_\_ be photographed for purposes of publicity, promotion or otherwise.

### Passenger Permission Form

PIA staff will arrange groups to ride together. Campers will always be with a *safe licensed and insured driver* in a safe vehicle, wearing seatbelts and as part of a caravan to local activities during camp time.

I give permission for my camper, \_\_\_\_\_ to ride with the following people associated with Partners In Adventure camp to camp related activities:

\_\_\_\_\_ with his/her assistant(s)

\_\_\_\_\_ with a staff member from PIA

\_\_\_\_\_ with another camper's assistant, along with their own if applicable

PIA staff thanks you for your cooperation. Carpooling allows us to save money on transportation which can be used for more fun camp activities!

Parent and Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Mail to: Partners In Adventure, Inc, P.O. Box 867, Shelburne, VT 05482.**

**For questions call: Deborah Lamden, Executive Director 802-425-2638 or e-mail: [dlamden@gmavt.net](mailto:dlamden@gmavt.net).**

**For more applications visit our website at: [www.partnersinadventure.org](http://www.partnersinadventure.org)**

*No applications accepted by e-mail.*