

Partners In Adventure 2010

February Vacation Camp Application

Winter camp 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.

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 _____

Zip Line _____

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 camper needs one-on-one assistance, 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

Partners In Adventure Winter Vacation Camp: February 22 – 26, 2010 - Tuition: \$250

Amount enclosed:

Full payment: \$250_____ (Sorry, No Scholarships Available for Winter Camp)

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

Full payment due by February 1, 2010

**LIMITED ENROLLMENT FOR WINTER CAMP: APPLICATIONS
ARE PROCESSED ON A FIRST COME FIRST SERVE BASIS**

For help with tuition, contact 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 tuition will be returned.

Please return promptly: Payment _____ Application _____

(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 _____

For questions call: Administrative Assistant Sue Minter, 802-879-8302 or e-mail: sbminter@aol.com

For more applications visit our website at: www.partnersinadventure.org

No applications accepted by e-mail.