Partners In Adventure

2018 February Winter Camp Application

Winter camp for young people with diverse abilities ages 7 and up

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_____
Skiing_____

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 26 – March 2, 2018)
Tuition: $300.00
Drop off Location: Essex Alliance Community Center, Essex

Amount enclosed:
Payment: $300____ (Sorry, No Scholarships Available)

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, 2018
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 deposit will be returned.

Please return promptly: 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, 802-310-0808 or
e-mail: sminter@partnersinadventure.org
For more applications visit our website at: www.partnersinadventure.org
No applications accepted by e-mail.