

# Partners In Adventure

Inclusive Camps, Social / Recreational Opportunities for people with disabilities and friends



## 2021 Virtual Summer Camp Application

A Virtual summer camp experience for young people with diverse abilities ages 7 and up!

Camper's name/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Circle One: New to PIA

Camper's Registration on File

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail address for Parent/Guardian: \_\_\_\_\_

Virtual Summer Camp will be offered in four two week sessions.

Check the session(s) you wish to attend

\_\_\_\_ Session 1: June 21 – July 2

\_\_\_\_ Session 3: July 19 – July 30

\_\_\_\_ Session 2: July 5 – July 16

\_\_\_\_ Session 4: August 2 – August 13

Please note campers need to sign up for both weeks of a session.

Registration fee for each session is \$200.00

Please make Checks payable to Partners In Adventure

Camper's Diagnosis: \_\_\_\_\_

In trying to create virtual programs that are positive and successful for everyone, please consider the follow and provide feedback where appropriate:

Communication ability: no issues, some verbal language, uses sign language, hearing issues, sight issues, etc.  
\_\_\_\_\_

Any special accommodations while using the computer? \_\_\_\_\_  
\_\_\_\_\_

Attention Difficulties: typical length of positive computer time? \_\_\_\_\_

Any special interests that this camper might enjoy participating in? \_\_\_\_\_  
\_\_\_\_\_

Any special interests or talents this camper might be able to share with others? \_\_\_\_\_  
\_\_\_\_\_

MORE IMPORTANT INFORMATION ON THE OTHER SIDE

You will need to have a Gmail account to connect to the Google Classroom to access the camp format. We can help you with this if need be.

Gmail Address: \_\_\_\_\_

Are you and/or your camper familiar with the google classroom format? Yes No

Will your camper have access to a printer? Yes No

Will you need technical assistance to set up this virtual experience? Yes No

Can your camper be photographed? Yes No

How did you hear about Partners In Adventure and these virtual experiences? Circle all that apply.

Website

Email

Brochure

School

Friend

Other

I GIVE: \_\_\_\_\_ PERMISSION TO PARTICIPATE IN PARTNERS IN ADVENTURE VIRTUAL SUMMER CAMP 2021!

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Amount Enclosed: \_\_\_\_\_ for which session(s) \_\_\_\_\_

**Please return completed application along with tuition by May 20, 2021 to:**

**Sue Minter, Program Director  
Partners In Adventure, PO Box 8190, Essex, VT 05451**