

Partners In Adventure

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



2022 Summer Camp Application

4 two week sessions of summer programs for young people with diverse abilities ages 7 and up

Participant's Name/Nickname: _____ Date of Birth: ___/___/___ Age: _____

Grade: _____ Gender Identification: _____

Parent/Guardian: _____ Best Contact Phone: _____

Mailing Address _____

e-mail _____

Please check the session(s) you are applying for. Participation fee for each two-week session is \$600.00

A limited number of scholarships are available. Scholarships are limited to 1 session per participant.

I can contribute this much towards tuition \$ _____ and will need this much in scholarship if available \$ _____

____ Session 1 June 27-July 8

____ Session 2 July 11

____ Session 3 July 25-Aug. 5

____ Session 4 Aug. 8-Aug. 19

Medical Diagnosis of camper: _____

Information about camper:

Please describe your daughter's likes, dislikes, fears and personal goals for this experience!

Please rate by number participant's experience:

1.Prohibited from doing 2.Not Interested 3.Little experience 3.Nervous to try 4.Willing to try 6. Rock star

____ Biking ____ Kayaking ____ Horseback Riding ____ Swimming ____ Sailing

Health History:

Please list any allergies, specialty dietary needs/limitations: _____

Will your son/daughter need to take medication during camp hours? YES ____ NO ____

(please note: camp staff is not permitted to give prescription medicine to participants)

Medication: (dosage, frequency & reason for medication)

For participants with seizures or epilepsy:

Type of seizure _____

Receiving treatment: YES ____ NO ____ On medication: YES ____ NO ____

Frequency of seizures: _____

Other information about seizures: _____

General Attitude & Behavior: (Enter appropriate number to each item listed below)

1.Normal 2. Mild problems sometimes 3. Moderate problems/constant redirection 4. Severe problems needs assistance

Frustration tolerance ____ Hostility ____ Confusion ____ Anxiety ____ Temper ____ Memory ____

Distractibility ____ Impulsiveness ____ Follow directions ____ Problem solving ____ Slowness of speech ____

Spatial disorientation ____ Ability to self correct ____ Cognitive ability ____

Physical or Communication Challenges: Please check any that apply.

walker _____ wheelchair _____ crutches _____ braces _____ hearing aids _____ vision _____ other (specify)

Mobility

Is able to walk independently _____

If your son/daughter uses a wheelchair, can they transfer? _____

Does the chair collapse? _____

Level of physical assistance needed _____

Communication

Communicates by speaking _____ Communicates by (please specify) _____

Other accommodations needed _____

Assistance for your son/daughter during camp

If your son/daughter requires 1:1 assistance during school or otherwise, they will need a 1:1 assistant for camp.

1:1 assistant is needed and will be provided **YES**____**NO**____ (More info about 1:1 will be required upon acceptance.)

Does your son/daughter show different behaviors in new settings, new people, in the community? **YES**____ **NO**____

If your son/daughter becomes overwhelmed at camp, are there some “helpful hints” you can share with us to make their day more positive (ex. quiet space, going for a walk, music, talking, etc.) _____

We will have a trained lifeguard supervising all water activities: Can your son/daughter swim? **YES**____ **NO**____

I give permission for my son/daughter to participate in swimming & boating (seasonal)

Parent/Guardian Signature: _____

Passenger Permission

PIA staff will arrange groups to ride together. Participants 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 son/daughter _____ to ride with the following people associated with Partners In Adventure, to program related activities:

with his/her assistant(s) _____ with a staff member from PIA _____ with another participant’s assistant _____

Parent/Guardian Signature: _____

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

Permission to Photo: Photographs are used on our Partners In Adventure Facebook page, PIA’s website and promotional materials.

Do you give your permission for your son/daughter to be photographed? **YES**____ **NO**____

Parent/Guardian Signature: _____

*****If a parent /guardian cannot be contacted in an emergency, please contact:**

Name: _____ **Relationship:** _____

Best Phone# _____

In the event of an emergency, do you give us your permission to contact your physician and /or seek emergency care? **YES**____ **NO**____ **Parent/Guardian Signature:** _____

I give permission for my son/daughter to participate in PIA’s Summer Camp 2022.

Date: _____ **Parent/Guardian Signature:** _____

Keep this form for your information!
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Partners In Adventure Summer Camp

Session 1 June 27-July 8 Session 2 July 11-July 22 Session 3 July 25-Aug.5 Session 4 Aug.8-Aug.19

Camp Starts at 10:00am and ends at 4:00pm Drop off Location: Temple Sinai, 500 Swift St., South Burlington

Summer Camp Cell Phone: _____

Please have your son/daughter prepared for going outside for part of each day under reasonable weather conditions. Possible items to pack are: Raincoat, sun hat, extra socks, light jacket/windbreaker, sun glasses, sun screen. Feel free to pack a separate bag with these extra items, and we can store the gear at “Base Camp” (Temple Sinai) for the week for your convenience.

COVID Specifics: During this camp week, we will make every effort to follow updated safety protocols to ensure the safe participation for all. Everyone will be expected to wear a mask while we are inside or while driving in a vehicle. We will provide individual art and craft supplies, etc, and arrange our seating so that it is the recommended safe distance from others. We will have extra hand sanitizer and masks available throughout each session. We will certainly update you with any changes as our camp dates get closer.

Participation Fee for each session: \$600 Please make checks payable to: Partners In Adventure
Scholarships are available, or for help with tuition, contact your local Lions Club, VFW, or 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 son/daughter, because of space and other restraints, your participation fee will be returned.

Full payment due by June 1, 2022

APPLICATIONS ARE PROCESSED ON A FIRST COME FIRST SERVE BASIS

Please Mail: *No applications accepted by e-mail.*

1. Completed and signed 2-sided application form
2. Health form completed and signed by physician
3. Participation fee

To: Sue Minter, Program Director
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Questions/concerns? Sue Minter, Program Director 802-310-0808 sminter@partnersinadventure.org
For more applications visit our website at: www.partnersinadventure.org