



## 2024 Winter Fun Days Application

Feb. 26, 27, 28 and March 1, 2024 - no camp on Thurs. 2/29

winter program 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 \_\_\_\_\_

How'd you hear about PIA? email website school friend other: \_\_\_\_\_

Medical Diagnosis of Participant: \_\_\_\_\_

### Individual Information:

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. Never done 3. Not interested 4. Little experience 5.Nervous to try 4.Willing to try 6. Rock star

Tolerating Winter Weather \_\_\_\_\_ Snow Shoeing \_\_\_\_\_ X- Country Skiing \_\_\_\_\_ Swimming \_\_\_\_\_

### 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 help

Frustration tolerance \_\_\_\_\_ Hostility \_\_\_\_\_ Confusion \_\_\_\_\_ Anxiety \_\_\_\_\_ Temper \_\_\_\_\_ Distractibility \_\_\_\_\_  
Impulsiveness \_\_\_\_\_ Follow directions \_\_\_\_\_ Problem solving \_\_\_\_\_ Memory \_\_\_\_\_ 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: \_\_\_\_\_

**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 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 Winter Fun Days 2023.**

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

**Keep this form for your information!**  
**Partners In Adventure Winter Fun Days 2024**

**Partners In Adventure Winter Vacation Camp (February 26, 27, 28 and March 1, 2024)**  
**NO CAMP THURSDAY – February 29, 2024**

**Tuition: \$300.00**

**Drop off Location: Williston Federated Church, 44 N. Williston Road, Williston –**  
**(UNLESS OTHERWISE NOTED ON CALENDAR)**

**Amount Enclosed**

**Payment: \$300 \_\_\_\_\_ (Sorry, No Scholarships Available)**

For help with tuition, contact your local Lions Club, VFW, and Rotary Clubs.

**Make checks payable to: Partners In Adventure**  
**Mail to: Partners In Adventure, Inc, P.O. Box 8190, Essex, VT 05451**

***Full payment due by February 10, 2024***

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

**WINTER CAMP CELL PHONE: 802-495-1495**

**Please call this number if your son/daughter will be late or absent on any day. Thanks!**

**Always good to double up on drinks and snacks, just in case the snack we make that day is not a favorite for some!**

**Individual aides will be expected to provide transportation for their camper to the activities every day. Carpooling is encouraged!**