



2024 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 _____

Email _____

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

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.

If you are requesting a scholarship, please state amount \$ _____

____ Session 1 June 24-July 5 ____ Session 2 July 8-July 19

____ Session 3 July 22-Aug. 2 ____ Session 4 Aug. 5-Aug. 16

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 4.Nervous to try 5.Willing to try 6. Rock star

____ Biking ____ Kayaking ____ Horseback Riding ____ Swimming ____ Sailing ____ Paddle-boarding

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 2024.

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

Keep this form for your information!



SUMMER CAMP SESSIONS - \$600.00 Per Session*

Session 1 June 24-July 5 Session 2 July 8-July 19

Session 3 July 22-Aug. 2 Session 4 Aug.5-Aug.16

Camp Starts at 9:00 am and ends at 3:00pm

Drop off Location: Williston Federated Church, Williston

Summer Camp Cell Phone: 802-495-1495

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" (Williston Federated Church) for the week for your convenience.

COVID Specifics: During this camp, we will make every effort to follow updated safety protocols to ensure safe participation for all. We will have extra hand sanitizer and masks available throughout each session. We will certainly update you with any changes.

***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, 2024

APPLICATIONS ARE PROCESSED ON A FIRST COME FIRST SERVE BASIS

Please 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 Partners In Adventure, Inc,
P.O. Box 8190, Essex, VT 05451

Questions/concerns? Sue Minter, Program Director 802-310-0808 sminter@partnersinadventure.org

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