

# Partners In Adventure

## 2017 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.

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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 \_\_\_\_\_

**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

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**Partners In Adventure Winter Vacation Camp (February 27 – March 3, 2017)**

**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, 2017***

**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, 802-879-8302 or  
e-mail: [sminter@partnersinadventure.org](mailto:sminter@partnersinadventure.org)**

**For more applications visit our website at: [www.partnersinadventure.org](http://www.partnersinadventure.org)  
*No applications accepted by e-mail.***