

Partners In Adventure

Providing programming for young people with & without disabilities, fostering friendship, independence & building self-esteem.

2025 February Fun Days Application

Feb. 24, 25, 26 and 28th, 2025 - **no camp on Thurs. 2/27**

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 February Fun Days 2025.

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

Keep this form for your information!
Partners In Adventure February Fun Days 2025

Partners In Adventure Winter Vacation Camp (February 24, 25, 26 and 28 2025)

NO CAMP THURSDAY – February 27, 2025

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 15, 2024

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

WINTER CAMP CELL PHONE: TBD

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!**