

# Partners In Adventure

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

## 2025 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 \_\_\_\_\_

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 \$750.00\*\* A Limited number of scholarships are available. Scholarships are limited to 1 session per participant. If you are requesting a scholarship, please state amount \$ \_\_\_\_\_

**\*\*IF TUITION IS PAID IN FULL AND ALL WAIVERS/FORMS ARE COMPLETED BY MAY 15, 2025 THEN EACH SESSION IS ONLY \$700.00**

\_\_\_\_ Session 1 June 23-July 3 \_\_\_\_ Session 2 July 7-July 18

\_\_\_\_ Session 3 July 21-Aug. 1 \_\_\_\_ Session 4 Aug. 4-Aug. 15

Medical Diagnosis of camper: \_\_\_\_\_

### Information about camper:

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

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### 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: \_\_\_\_\_

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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)

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For participants with seizures or epilepsy:

Type of seizure \_\_\_\_\_

Receiving treatment: YES \_\_\_\_ NO \_\_\_\_ On medication: YES \_\_\_\_ NO \_\_\_\_

Frequency of seizures: \_\_\_\_\_

Other information about seizures:

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**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 2025.**

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

**Keep this form for your information!**

## **Partners In Adventure Summer Camp**

Session 1 June 23-July 3 Session 2 July 7-July 18 Session 3 July 21-Aug. 1 Session 4 Aug.4-Aug.15

Camp Starts at 9:00 am and ends at 3:00pm Drop off Location: Williston Federated Church, Williston

**Summer Camp Cell Phone:     TBD**

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 the 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:\*\*\$750.00 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.

**\*\*IF TUITION IS PAID IN FULL AND ALL WAIVERS COMPLETED BY  
MAY 15, 2025 THEN EACH SESSION IS ONLY \$700.00**

**APPLICATIONS ARE PROCESSED ON A FIRST COME FIRST SERVE BASIS**

**Please Mail:** *No applications accepted by email.*

- 1. Completed and signed 2-sided application form**
- 2. Health form completed and signed by physician – ONCE EVERY 3 YEARS**
- 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](mailto:sminter@partnersinadventure.org)  
For more applications visit our website at: [www.partnersinadventure.org](http://www.partnersinadventure.org)**