

## **Camp Horizon**

### **Important Information**

Please keep this page for your records

1. Complete the enclosed application and the scholarship form thoroughly. Mail them immediately to the camp address listed below. If the Teacher Support form is being sent by someone else, please note this on your application.
2. The total cost of camp is \$350.00. Please include a deposit of \$35, which is non-refundable with your application. Your deposit must be in the form of a check or money order; made out to Pioneer Resources. Once the camp receives this, you will be sent a confirmation letter acknowledging that your application has been received and that a spot is temporarily being held for you. You should receive your temporary acceptance within 14 days from the time you mailed your application. If you do not, please call the Pioneer Resources Recreation Department.
3. There is a "limited" amount of funding available for camp through Pioneer Resources. There are other organizations that may provide scholarships for camp, these charitable sources are listed on page 2 of the application.
4. Your FINAL ACCEPTANCE will arrive only after we have received your full payment or a secured scholarship.
5. If you receive a temporary letter of acceptance and choose not to attend camp, you must notify us by May 28th, 2010. Failure to inform us of your intent to withdraw your application will result in a charge of the full amount (\$350) regardless of scholarship need, for the session. This policy includes failure to show up at registration. If you withdraw prior to May 28th, 2010, we will refund your payment less the non-refundable deposit of \$35.
6. Mail all forms and deposit to:  
  
Pioneer Resources  
Attn: Camp Horizon  
1145 E. Wesley Ave.  
Muskegon, MI 49442  
  
**Make all checks payable to  
"Pioneer Resources".**
7. **Final payments will be due no later than May 28th, 2010.**
8. Approximately two weeks prior to camp you will receive a packet of information. The packet will include: arrival/departure times, camp guidelines and rules, and a packing list.

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Pioneer Trails  
1145 E. Wesley Ave.  
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(231) 773-5355

**The following is a list of charitable organizations you should consider pursuing on your own if you are in need of a scholarship.**

1. AMBUCS
2. Rotary
3. Lions
4. Elks
5. Jaycees
6. Knights of Columbus
7. Community Mental Health –  
Your child must be a client; respite money can be used to pay for camp. .
8. Michigan Department of Career Development –  
Your child must have an open case; ask his or her counselor for assistance with the cost.
9. Children's Resource Network –  
Parents must call to request respite funds
10. Children's Trust Fund –  
Your child must have an open case to receive assistance.
11. Your church
12. Local Intermediate School District –  
Contact your Transition Coordinator. They may have transition dollars available.
13. Commission for the Blind –  
Must have an open case.
14. ARC/Muskegon

Checklist of items to be mailed in with application

- \_\_\_ Camper information (page 3)
- \_\_\_ Personal and Parent/Guardian statement (page 4)
- \_\_\_ Teacher support (page 5)
- \_\_\_ Health insurance and consent (page 6)
- \_\_\_ Media release (page 7)
- \_\_\_ Waterfront information/release and High Ropes release (page 8)
- \_\_\_ Health form (page 9)
- \_\_\_ Scholarship form if applicable (page 10) and 2008 completed tax form
- \_\_\_ Deposit of \$35.00 (check or money order made out to Pioneer Trails)

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**Camp Horizon Application**  
**A Camp for Youth with Disabilities**  
**August 1st-4th, 2010**  
**Applications are due May 17th, 2009.**

Please complete all forms and turn them in together along with your deposit.

For questions please contact Robert Canfield at the number below.

<b>Camper information:</b>	
Last Name _____ First Name _____ Middle _____	
Age _____ Birth Date _____ Race/Ethnicity _____	
T-Shirt Size _____	
Camper's Home Address, Living at: _____	
City _____ State _____ Zip _____ County _____	
Phone _____	
Is the camper a client of the Michigan Department of Career Development (MRS? Voc. Rehab.)	
_____ if yes, please list counselors name _____	
Phone _____	

<b>Parent/guardian information:</b>	
Last Name _____ First Name _____ Middle _____	
Address (if different from camper's ) _____	
Phone ( if different from camper's ) _____	
Email Address _____	
Other numbers where parents/ guardians can be contacted (cell phone, work numbers):	
Name _____	Phone _____
Name _____	Phone _____
Additional Emergency Contact ( to be used if parent/guardian cannot be reached):	
Name _____	
Phone _____	Relationship to camper _____
Does the camper require hands-on assistance with daily living needs (dressing, eating, toileting)? _____ if yes, <b>you must obtain your own personal assistant.</b> There will be an additional charge of <b>\$100</b> to cover the cost of food for the Personal Assistant. Please contact Robert at the number below for forms to be filled out for the Personal Assistant.	
<b>Scholarships are available for those who can prove a need.</b> Please check one:	
_____ I will be applying for a scholarship. (Please complete the enclosed scholarship application)	
_____ I do not qualify/will not be applying for a scholarship.	

A non-refundable deposit of \$35 is required to reserve your slot. The remaining cost of \$315 will be due May 28th, 2010.

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# 2010 Camp Horizon Application

## Support Information (Teacher counselor, job coach, or employer)

❖ Applications are due May 17th, 2010.

**\*To be completed by a teacher, counselor, job coach, or employer**

Camper's name: \_\_\_\_\_

Name and organizations address of person completing this form: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Does the camper have the ability to:

Read \_\_\_\_\_ At what level? \_\_\_\_\_

Write \_\_\_\_\_ At what level? \_\_\_\_\_

Communicate verbally \_\_\_\_\_ At what level? \_\_\_\_\_

Comments: \_\_\_\_\_

What is the camper's disability (School IEP "label")? \_\_\_\_\_

What are the camper's social activities? \_\_\_\_\_

What teaching and/or management techniques have been successful with the camper? (Use back of paper if necessary) \_\_\_\_\_

Behavioral Difficulties: \_\_\_\_\_

Additional information: \_\_\_\_\_

Signature of person completing form

Date

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**2010 Camp Horizon Application  
Health Insurance Information  
And Consent Form**

Camper's name: \_\_\_\_\_

**The parent or legal guardian must provide the health insurance information and sign the following consent agreements if the applicant is under the age of 18.**

I hereby release and discharge Pioneer Resources, and all parties in interest, from all claims, demands, grievances, and causes of action of every kind. This includes, but is not limited to, all liability for damages of every kind, nature or description, which may arise from or out of any injury incurred by my child/ward in attendance at Camp Horizon, Pioneer Trails.

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Signature

Relationship

Date

**Insurance Information**

Health Insurance Company name \_\_\_\_\_

Policy/Group number /Medicaid number \_\_\_\_\_

Special children's service number \_\_\_\_\_

The health insurance information is correct as far as I know, and the person herein described has permission to engage in all camp activities, except as noted by the attending physician.

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Signature

Relationship

Date

**Comments:**

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I hereby give permission to the camp to secure medical treatment and/or injections, anesthesia, or surgery for my child, as considered necessary by the attending physician. In such an instance, I understand that I will be notified as soon as possible.

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Signature

Relationship

Date

**Comments:**

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## 2010 Camp *Horizon* Application Media Release Form

As a participant or volunteer of Camp Horizon, I understand that I may be included in media coverage or program reports of the Pioneer Resources (PR).

1. I grant PR permission to use my name, image, appearance, story, and likeness for success stories, program reports, or advertisements that may be solicited on behalf of Camp Horizon at Pioneer Trails for PR. This may include, but is not limited to, printed materials or advertisements, public services announcements, promotional videos, etc.
2. I understand I will not be eligible for any compensations related to the production or use of my name, likeness, or story in promotional or advertising materials.
3. If I do not wish to be photographed, interviewed, or have my personal story used for news, program reports or promotional coverage, I will indicate so at the bottom of this form. I understand that it is my responsibility to inform staff and/or volunteers present, and remove myself from situations where my wishes might be violated.
4. This consent may be revoked by me at any time.

I have read, understand, and will comply with this agreement.

Yes, I give my permission to be included in media coverage, program reports, and other promotional/advertising activities.

No, I do not want to be included.

### Comments

**Note:** All participants must be photographed for emergency identification purposes.

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Participant / Guardian Signature

Date

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Waterfront Information and Release Form

**Swimming Program-Waterfront Activities**

For all campers wishing to participate in waterfront activities, a certified lifeguard will conduct a swim test.

I hereby give my child permission to participate in swimming/waterfront activities, which will be monitored by a certified lifeguard at Pioneer Trails, Camp Horizon 2010.

Signature \_\_\_\_\_ Date\_\_\_\_\_

**High Ropes Release (Potential Activity)**

As a special activity, during Camp Horizon week August 1st-4th 2010, we will using the High Ropes Course at the YMCA Camp Pandalouan.

I give permission for my son or daughter to participate in the High Ropes Course at the YMCA Camp Pandalouan as part of the Camp Horizon.

Signature \_\_\_\_\_ Date\_\_\_\_\_

**Rafting Release**

As a special activity, during Camp Horizon week August 1st-4th 2010, we will be going rafting on the White River, using Happy Mohawk River Livery.

I give permission for my son or daughter to participate in the Rafting activity as part of Camp Horizon and to be transported by Pioneer Resources staff to and from Happy Mohawk River Livery.

Signature \_\_\_\_\_ Date\_\_\_\_\_

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**Health Record  
Camp Horizon 2010**

**Health History - check appropriate spaces  
and fill in all information completely.**

Camper's Name: \_\_\_\_\_ Female  Male   
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Emergency # \_\_\_\_\_  
 Parent/Guardian's Name \_\_\_\_\_  
 Overall Health, Chronic/Recurring Illness/Current Infectious Disease (List):  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical Limitations (List)  Medical Conditions/Recent Illness or Injury (List)

**Immunizations: Must be up to date**

Tetanus (Last booster)  Polio  MMR (Measles, Mumps, Rubella)  
 Hepatitis B  1st  2nd  3rd  Pertussis  Diphtheria

Allergies (List) \_\_\_\_\_  
 \_\_\_\_\_

\*Please send medications for allergies in case they are needed.

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Health Insurance Company \_\_\_\_\_ Certificate # \_\_\_\_\_  
 Medicaid # \_\_\_\_\_ Special Children's Service # \_\_\_\_\_ SSI # \_\_\_\_\_

Special Health/Behavioral/Dietary Considerations (Reactions to food, Penicillin or other drugs), fainting  
 sleepwalking, bedwetting, etc. (List)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Over-the-Counter Medications:**

Tylenol Yes  No  Other List \_\_\_\_\_  
 Cold Medications Yes  No

**Prescription Medications:** \* Medications needed or used (including psychiatric) \*

Name of prescription (Brand or generic) Frequency (time of day) Dosage (number, amount, or size)


**Send amounts needed for camp stay, only in original properly marked container.** I hereby give my permission to the camp nurse to provide any first aid for mild injuries and illness that should arise for my son or daughter named above. I also give my permission to administer the listed medications, prescription or PRN(Over the Counter.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**2010 Camp Horizon  
Scholarship Application**

Scholarships are reserved for those in need.

**Incomplete scholarship applications will not be considered.**

Camper's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_-

Parent/Guardian, please explain the circumstances which lead you to request scholarship help.

Continue on back if necessary.

❖ **Income selected below must reflect earnings of parents/guardian(s)  
and those of the camper.**

<b>Total annual income of both parents/guardians and camper</b>	<b>Minimum amount parents or guardians contribute</b>	<b>Check income that applies to you</b>
\$0 - 25,000	\$35	
\$25,001 - 30,000	\$50	
\$30,001 - 35,000	\$75	
\$35,001 - 40,000	\$100	
\$40,001 - 45,000	\$150	
\$45,001 - 50,000	\$200	
\$50,001 - 55,000	\$250	
\$55,001 - 60,000	\$300	
\$60,001 - 65,000	\$350	

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