

**RECREATION UNLIMITED
2012 PRADER-WILLI SYNDROME (PWS) SUMMER RESIDENTIAL CAMP**

The mission of Recreation Unlimited Farm & Fun (Recreation Unlimited) is to provide year round programs in sports, recreation and education for individuals with disabilities and health concerns while building self-confidence, self-esteem and promoting positive human relations, attitudes and behaviors. Recreation Unlimited is pleased to offer its 7th annual summer residential camp specifically for individuals with Prader-Willi syndrome.

- Monday, June 4, 2012 to Friday, June 8, 2012.
- Arrival time is Monday from 10:00 a.m. to 11:00 a.m.
- Departure time is Friday from 10:00 a.m. to 11:00 a.m.
- Youth and adults with PWS, ages 8 and up.
- Recreation Unlimited provides a full schedule of activities, lodging, meals and snacks, counselors, program leaders and nurses.
- The 2012 PWS Summer Residential Camp published rate is \$820, **plus** a one-time annual \$35 non-refundable registration fee.
- Recreation Unlimited is an Ohio Medicaid Individual Options Waiver, Level One Waiver and Ohio Home Care Waiver provider. Due to the decrease in reimbursement for those utilizing the Individual Options Waiver, there is an additional \$180 charge per camp for a room and board allowance that is not covered by the waiver reimbursement and is the responsibility of each camper.
- Registrations are held on a first-come, first-served basis.
- Send one-time annual \$35 non-refundable registration fee plus the form below to:
PWS Summer Residential Camp
Recreation Unlimited Farm and Fun
7700 Piper Road
Ashley, Ohio 43003

Make **checks** payable to **Recreation Unlimited**. For more information or questions regarding the PWS Summer Residential Camp, please contact Chris Link at 740-548-7006 or clink@recreationunlimited.org. Also visit our website at www.recreationunlimited.org.

Upon receipt of the check and registration form, an application packet will be sent to the contact person listed below for completion. Also included will be a medical history/physical form to be completed by a physician. Acceptance to camp is based upon timely return of packet, review and approval of packet and camp capacities.

2012 PWS Summer Residential Camp
June 4, 2012 – June 8, 2012

Camper Name _____ Birth Date _____ M ___ F ___
Contact Name _____
Address _____

Email _____ Cell _____
Daytime Phone _____ Evening _____