

*Be a part of something special! Join us at*

## Camp Pioneer 2026

June 22 – June 27, 2026

Warren Willis Camp and Conference Center  
4990 Picciola Rd., Fruitland Park, Florida 34731

February 2026

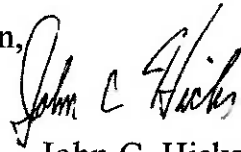
Blessings all! Everything is Good at Camp Pioneer and we are getting ready for another exciting year! We hope you will be able to be a part of it!

Enclosed please find an application to join us for Camp Pioneer this summer from June 22 – June 27. We need you to complete it and include a \$75 deposit before we can accept the application. Space is limited, and applications will be processed in the order they are received. Deadline for applications is May 15, 2026.

Camp Pioneer campers will be sleeping and eating at the Conference Center across the street from the Warren W. Willis Youth Camp. Sheets and bath towels will be provided again this year.

We have been blessed with gifts and support which has enabled us to once again share the blessing this year to offer a reduced cost of camp for our campers. Each camper will automatically receive a special \$100 scholarship, which makes the cost of Camp Pioneer this year \$480. (The Warren Willis Youth Camp this year is \$580.) The registration deposit will be applied to your camp cost.

I'm looking forward to hopefully seeing you soon,



John C. Hicks, Camp Director

**To parents and/or guardians:** *We have worked to keep costs down, and we were able to reduce camper costs this year by \$100, but I know that \$480 is still a significant amount of money and times are tough for all of us right now. Our Board of Directors feels strongly that the cost of camp should not be the deciding factor on whether to come or not. If you need help with camp costs, I want to encourage you to go to your local church or perhaps a service group such as Rotary, the Lions, Elks, etc., and invite them to share in the cost of this special experience. I have found that most are very open to the idea, especially if you promise to send them pictures or have your camper come share with them. In many ways it becomes a double blessing as you get to bless them and they get to bless you! If you still need additional assistance after trying these groups, we have some scholarship funds available to help out as well. Again, the cost of camp should not be a deciding factor of whether to come or not! Email Lori at [lori@wwumccc.org](mailto:lori@wwumccc.org) for a scholarship application.*

*If you have any questions or concerns, please feel free to contact me.*

[jandkhicks@aol.com](mailto:jandkhicks@aol.com) (850) 321-0126

# Camp Pioneer 2026 Medical Description Form

**Step 1:** List all routine medications that need to be administered while at camp

**Please note:**

We have facilities to keep medications refrigerated. **Camper must, however, be able to inject needed insulin themselves.**

**Step 2:** Sign and place this form inside of a large sealable bag.

**Step 3:** Place enough of the listed medications (enclosed in daily dosage containers or separate daily dosage bags) in the one large bag and send it with your camper when they come to camp.

\*\*\*\*\*NOTE\*\*\*\*\*

**WE ARE ASKING THAT MEDICATIONS BE SEPARATED INTO DAILY DOSES AND PLACED IN SEALED CONTAINERS OR BAGS AND THAT EACH CONTAINER OR BAG BE LABELED AND SIGNED OR INITIALED BY THE APPROPRIATE PARENT OR GUARDIAN.**

As needed medications can be enclosed separately.

*The information on this form is correct and complete. I hereby give my permission for the Camp Pioneer Health Care Provider to administer the medication as directed.*

Parent/Guardian Signature (required) \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number \_\_\_\_\_

Camper Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Drug Name

Dose

Given at:

Special Instructions

	<input type="checkbox"/> As needed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed time	
	<input type="checkbox"/> As needed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed time	
	<input type="checkbox"/> As needed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed time	
	<input type="checkbox"/> As needed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed time	

# 2026 Camp Pioneer Scholarship Form

**Scholarships must be postmarked or faxed by May 15, 2026 to be considered by the Scholarship Committee.**

Please fill this out completely by providing any information that you can to help inform the scholarship committee of the need of a full or partial scholarship for Summer Camp. The Scholarship Committee uses the information you give to determine not only scholarship recipients, but also what amount will be given. Any information that you are able to share will be helpful!

Please mail completed applications to: **Warren Willis United Methodist Camp and Conference Center**  
Attention: Lori Buonasera, Camp Pioneer  
4990 Picciola Rd, Fruitland Park, FL 34731  
352-787-8650 – fax 352-901-6254 - direct line

Name of Camper \_\_\_\_\_  
Address of Camper \_\_\_\_\_  
City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Person Requesting Scholarship \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Best time to be reach at this number \_\_\_\_\_

Email: \_\_\_\_\_

Previous Camp Pioneer Attendee? \_\_\_\_\_ If yes, how many years \_\_\_\_\_

Has Applicant previously received a Camp Pioneer Scholarship? If yes, how much? \_\_\_\_\_;  
how many years? \_\_\_\_\_

Church Name: \_\_\_\_\_ Church City: \_\_\_\_\_

Have you requested assistance from your local congregation?  yes  no If yes, how much? \_\_\_\_\_

Partial Scholarships are available for consideration. Amount of Scholarship being requested? \_\_\_\_\_

(Note: It can not include the \$75 application fee)

Short Explanation of why scholarship is being requested

**Optional: Recommendation from a Church or Care Giver**

**(not required but would be helpful to the Scholarship Committee in their consideration!)**

Another page may be used.

**CAMP PIONEER June 22 – June 27, 2026**  
**at the**  
**Warren Willis Camp & Conference Center**

**CAMPER APPLICATION (All Campers Must Be Ambulatory, Able and Willing to Participate in Small Family Group Activities)**

**This application must be completed with the Health Record information and the Release Form signature before this Application is accepted.**

**Please send application with \$75 Deposit by May 15, 2026 to:**

**Warren Willis Camp & Conference Center**  
**Attn: Lori Buonasera, Camp Pioneer**  
**4990 Picciola Rd.**  
**Fruitland Park, FL 34731**

**CAMPER INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Male/Female \_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Shirt Size (S-XXXL) \_\_\_\_\_

Whom does Camper live with \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Please complete the following information as thoroughly as possible in order to help the counselors better understand each camper. Please check all that apply.**

\_\_\_ Sees Well \_\_\_ Hears Well \_\_\_ Uses Sentences \_\_\_ Outgoing  
\_\_\_ Vision Impaired \_\_\_ Hearing Impaired \_\_\_ Uses Words Only \_\_\_ Shy

**Relates well to:** \_\_\_ Peers \_\_\_ Adults \_\_\_ Males \_\_\_ Females

**Motor Activity:** \_\_\_ Runs easily \_\_\_ Walks easily \_\_\_ Walks with help

**Sleeping:** \_\_\_ Sleeps easily \_\_\_ Walks in sleep \_\_\_ Wakes up periodically  
\_\_\_ Has bad dreams \_\_\_ Wets bed

**Swimming:**       Fears water     Requires life jacket     Swims somewhat  
                          Swims well

**Bowling:**       Does not bowl     Bowls       Prefers Bumpers  
Bowling shoe size \_\_\_\_\_ (if shoes are needed)

**Needs Assistance with the Following:**     Toileting     Eating     Dressing

**Comments:**

\_\_\_\_\_

**Has the Camper been to Camp before?**     Yes     No

If YES, when and where? \_\_\_\_\_

**Has the Camper been away from Home before?**     Yes     No

If YES, how long and under what circumstances? \_\_\_\_\_

**Additional Camper Information**

How does Camper respond to instructions? \_\_\_\_\_

Describe any fears the Camper may have. \_\_\_\_\_

Effective rewards \_\_\_\_\_

Does the Camper play a musical instrument or have other talents that he/she could share at camp? If so, what? \_\_\_\_\_

\_\_\_\_\_

Are there any other campers who will be attending camp whom you feel would not be appropriate to place in the same cabin as your Camper?

Name \_\_\_\_\_ Reason \_\_\_\_\_

Name \_\_\_\_\_ Reason \_\_\_\_\_

**CONTACT INFORMATION**

**LEGAL GUARDIAN/EMERGENCY CONTACT**

**Name** \_\_\_\_\_ **Home ( )** \_\_\_\_\_ **Work ( )** \_\_\_\_\_

**Address** \_\_\_\_\_  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PHYSICIAN**

**Name** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Address** \_\_\_\_\_  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**SCHOOL OR CENTER CAMPER ATTENDS**

**Name** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Address** \_\_\_\_\_  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**TEACHER/CASE MANAGER**

**Name** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Address** \_\_\_\_\_  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**SECONDARY EMERGENCY CONTACT**

**Name** \_\_\_\_\_ **Home ( )** \_\_\_\_\_ **Work ( )** \_\_\_\_\_

**Address** \_\_\_\_\_  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**HEALTH RECORD**  
**(Must be Completed by Parent or Guardian)**

**Allergies:** Medication Allergies: \_\_\_\_\_

Food Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

List any Dietary Restrictions \_\_\_\_\_

**Medication:** List medications the Camper is presently taking:

\_\_\_\_\_ When \_\_\_\_\_ How Much \_\_\_\_\_ Why

\_\_\_\_\_ When \_\_\_\_\_ How Much \_\_\_\_\_ Why

\_\_\_\_\_ When \_\_\_\_\_ How Much \_\_\_\_\_ Why

\_\_\_\_\_ When \_\_\_\_\_ How Much \_\_\_\_\_ Why

\_\_\_\_\_ When \_\_\_\_\_ How Much \_\_\_\_\_ Why

\_\_\_\_\_ When \_\_\_\_\_ How Much \_\_\_\_\_ Why

\_\_\_\_\_ When \_\_\_\_\_ How Much \_\_\_\_\_ Why

Please complete and **bring to camp** the enclosed Medication Description Form updated with current medications at time of camp.

**Seizures:** Does the Camper have seizures?  Yes  No If YES, please describe.

Date of last Tetanus shot? \_\_\_\_\_ Blood type (if known) \_\_\_\_\_

**I give approval for PHOTOGRAPHS AND OTHER PICTURES INCLUDING VIDEOS to be taken of this camper during the camp activities which may be used for further promotions of the camp.**

**This camper has my permission to go on CAMP SPONSORED FIELD TRIPS.  
I hereby release the Warren Willis Camp and Conference Center of the Florida Annual Conference of the United Methodist Church, all duly authorized agents of that body and the camp authorities of Camp Pioneer from any responsibility or liability for any injury or illness derived from participation in the program at Camp Pioneer.**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

**RELEASE FORM**

**Permission to Administer Medications:**

I, the parent/guardian of \_\_\_\_\_ give my permission to the camp Health Care Provider or his/her designate to give the following medications (or the generic equivalents) to my child/camper, in accordance with the recommended package dosing for the specific indications below. These medications are available at camp and need not be brought by participants.

	Yes	No		Yes	No
Tylenol: Mild fever or discomforts	<input type="checkbox"/>	<input type="checkbox"/>	Benadryl: Allergy symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen: Mild fever or discomforts	<input type="checkbox"/>	<input type="checkbox"/>	Sudafed: Allergy Symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Throat Lozenges: Coughs/sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Antacid: Upset Stomach	<input type="checkbox"/>	<input type="checkbox"/>
Topical Creams: Itching, sunburn, or	<input type="checkbox"/>	<input type="checkbox"/>	Anti-diarrhea: For diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Insect bites			COVID Antigen Rapid test	<input type="checkbox"/>	<input type="checkbox"/>
Permission to follow recommendations	<input type="checkbox"/>	<input type="checkbox"/>			
By local Poison Control Centers					

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL RELEASE**

In the event of an emergency, illness, or accident, the Program Director or Camp Nurse will contact the parent or legal guardian at the earliest possible moment. However, if contact cannot be made immediately, the following **EMERGENCY PERMISSION TO TREAT** must be signed and notarized.

In the event that \_\_\_\_\_ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while in any part of the Camp Pioneer summer program at the Warren Willis Camp and Conference Center of the Florida Conference of the United Methodist Church, I hereby give my permission for any necessary hospitalization, medication, or surgery on recommendation of the camp doctor or camp nurse. A representative of the camp will contact me at the earliest possible moment.

We further authorize a routine visit to the physician should my camper contract an illness needing medical attention.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Name of Camper (print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian (print)

**TO BE COMPLETED BY A NOTARY PUBLIC**

State of Florida, County of \_\_\_\_\_

The forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20

by (print name) \_\_\_\_\_ who is personally known to me, or has produced

(type of identification) \_\_\_\_\_ as identification and did not take an oath.

Notary Public (signature) \_\_\_\_\_

Name of Notary (printed) \_\_\_\_\_

My Commission expires:

My Commission number is:

(Notary Seal/Stamp)