



The Adventure Education Center

535 B Lakeview Plaza Blvd. • Worthington, Ohio 43085
(614) 846-8946 • Fax (614) 846-1794
www.adventurecenter.org



Dear Parents:

Our drop-off and pick-up procedure each day is designed to ensure your child's safety. There will be lots of campers arriving or leaving at the same time, so we have created a traffic pattern. We feel this has the best chance of getting your child to the correct camp in the morning, as well as making sure your child goes home with the correct person in the evening. We know this will make your life easier!

In the morning, please enter the camp via the Winter Road entrance. As you drive in, you will see banners identifying each of the camps. Crew leaders will be in this general area waiting your arrival. As you drive through, just stop your car, and your crew leaders will assist your child out of the car and direct them to their activity area. You will then easily exit out onto Route 23. There is a map attached to show the route. It also identifies places to park if you need to talk to a crew leader or the Camp Director.

In your packet of information you should find two (2) Camper Pick-Up Cards that you can place your child's name on. These are for pick-up at the end of the day. When you arrive to pick up your child, please show the crew leader your child's card. We want to be sure your child goes home with the correct person. Your child's safety is our number one concern. By assigning 2 cards to all campers you will have the flexibility to give one to the car pool driver or other designated person.

Other forms that you should find in your packet include: an introduction letter from your camp coordinator, a map to camp and a few forms to be filled out and sent back to camp prior to your arrival. Those forms include: Two (2) Camper Emergency Forms, a Camper Confidential form, a Camper Medication form, and individual camp release forms (as needed)

As a reminder, please send in your required forms by **June 30**.

We are all looking forward to another fun filled summer at The Adventure Camp! Please read this information carefully and feel free to call the main AEC/SuperGames office, 614-846-8946, if you have any questions or concerns. During the month of July you may also try to reach our camp office, staffed periodically, at 740-549-1154.

Cordially,

A handwritten signature in black ink, appearing to read 'George H. Brinegar'.

George H. Brinegar
Adventure Camp Director

A Non-Profit Organization

The Adventure Camp

Island Adventures

Dear Campers and their Families,

Welcome to The Adventure Camp for the summer of 2009! This packet and letter includes important information regarding Island Adventures Camp.

Arrival and departure times:

Monday	8:00am to 4:00pm
Tuesday	8:00am to 4:00pm
Wednesday	8:00am to Overnight
Thursday	Overnight
Friday	Overnight to 4:00pm



All campers need to be dropped off and picked up at The Adventure Camp portion of Camp Lazarus. 4422 Columbus Pike (U.S. 23), Delaware, Ohio

At The Adventure Camp we follow the motto "Challenge by Choice". Through our adventures campers will have numerous opportunities to challenge themselves. We hope that our campers challenge themselves, but at the same time feel comfortable doing so. The adventures include initiatives, high ropes courses, climbing, repelling, caving, fishing and many more. Campers will experience adventures at the Islands of Lake Erie. We will start with a side trip to Vertical Reality near Findlay, Ohio. A half-day will be spent Charter fishing off of the banks of Rattlesnake Island. Campers will spend two nights at Kelley's Island State Park. We will navigate our way around the islands with our hand held Global Positioning Systems. Campers will enjoy beach activities and much, much more.

Packing for camp is very important! Since campers will be involved in all kinds of activities in the outdoors, all of the following items need to be available to campers during the week. Please pack the following items in an old book bag or backpack for:

Day camp

- Swimsuit and towel
- Long pants, extra socks, and old closed toed shoes
- Raincoat or poncho
- Sunscreen and insect repellent (NO AEROSOL CANS, PLEASE)
- A pair of water shoes or old tennis shoes that are able to get wet

Closed toed shoes are to be worn at all times. NO SANDALS or CROCS brand shoes Please!

Overnight camp

- Day bag (items listed above)
- Personal items (toothbrush, toothpaste, towel, deodorant, shower items etc.)
- Light jacket or sweatshirts. It gets cold up at the lake.
- Sleeping bag and pillow
- Change of clothes for Thursday and Friday
- **\$15 for food and fun at Island Adventures Golf & Go Carts.**
We will make a stop here Friday on the way home.

*Make sure that the campers name is on all of his/her belongings. Anything that is left at the end of camp will be donated to charity.

Please Do not bring to camp any battery operated games, knives, candy, snacks, radios, and walkmans. Most, if not all jewelry should be left at home. Please also keep in mind that we will be outside. Therefore it would not be a good idea to wear and/or bring new or good clothes/shoes to camp, because everyone will get dirty.

FORMS! Enclosed are two assumption of risk forms, and a camper confidential form that must be completed and returned to the camp office by **June 30**. It is very important that both the front and the back of all forms are completed and signed. One of the two identical forms stays at camp at all times and the other travels with us when we leave camp for other activities. If the medical dispensing form is necessary, it must accompany medication on the first day of camp in its original bottle please. If you have any special needs please inform our staff.

Return forms to:

The Adventure Camp – Island Adventures
535-B Lakeview Plaza BLVD.
Worthington, OH. 43085

We are all looking forward to another fun filled summer at The Adventure Camp! Please read this information carefully and feel free to call the main AEC/SuperGames office, 614-846-8946, if you have any questions or concerns. During the month of July you may also try to reach our camp office, staffed periodically, at 740-549-1154.

Sincerely,

Kevin Eynik

Island Adventures Camp Coordinator

CAMPER CONFIDENTIAL



CAMPER NAME _____

Optional

CAMP ATTENDING _____

Photo

WEEK OF CAMP _____

So your crew leader will know you !!!

The information below is used to determine appropriate supervision, support, and accommodations for your child. Please check or complete the conditions that apply to your child

and elaborate. (Failure to fully disclose this information may prevent your child from fully enjoying the Adventure Camp experience.)

School Attending _____

Grade _____

Special needs or concerns: elaborate on any specific problem (failure to disclose this information may result in dismissal from camp) _____

- First time away from home overnight
- First time sleeping outdoors
- Sleepwalking
- Needs help making new friends

Special arrangements for dietary needs: Vegetarian

Other

Please be specific _____

Additional information about your camper: Please be specific

Water Sports Survey: (Coast Guard Approved life Jackets are required on all water activities with the exception of the pool)

Swimming Skills: (All water activities supervised by Red Cross trained lifeguards.)

- Cannot swim, needs specific supervision at all times
- Cannot swim but is comfortable in deep water with a life jacket & specific supervision
- Is comfortable in deep water, a good swimmer

Boating skills: (Place a check beside each activity experienced.)

- Canoeing
- Water Skiing
- White Water Rafting
- Sailing

SPECIAL CONDITIONS

Students are admitted only upon the condition that they remain at the Adventure Camp until the end of camp. Since staff is engaged, and other provisions are made in advance for the entire session, no rebate on tuition or other charges which have been paid, or are still due, will be made when a student becomes ill, is suspended, dismissed or withdrawn before the close of the session. The Adventure Camp is a primitive outdoor camp. In the case of weather related emergencies 3 permanent lodges are available for shelter. For the physical and emotional safety of all campers, there is the rare possibility that camp may be temporarily closed due to severe weather. The Adventure Camp reserves the right to determine an appropriate make-up if camp logistics and schedule permit. It is understood that all photography taken at The Adventure Camp may be used for promotional purposes.



Camper Emergency Form

The Adventure Education Center
A division of
Direct Instructional Support Systems Inc.
A non-Profit Corporation

Mail to this address:
The Adventure Camp
535 B. Lakeview Plaza Blvd.
Worthington, OH 43085
(614)846-8946

Information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.
(This side is to be filled in by parents/guardians of minors.)

Name _____ Birthdate _____ Sex _____ Age _____

Parent or Guardian _____

Home Address _____ Phone _____
Street & Number City State Zip Area/Number

Business _____ Phone _____
Street & Number City State Zip Area/Number

Second Parent or Guardian or Emergency Contact _____

Home Address _____ Phone _____
Street & Number City State Zip Area/Number

Business _____ Phone _____
Street & Number City State Zip Area/Number

If not available in an emergency, notify:

Name _____

Address _____ Phone _____
Street & Number City State Zip Area/Number

Health History

(Check. Give approximate dates.)

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting

Disorders

- Hypertension
- Mononucleosis

Disease

- Chicken Pox
- Measles
- German Measles
- Mumps

Allergies (Date Not Needed)

- Hay Fever
- Poison Ivy
- Insect Stings
- Penicillin
- Other Drugs
- Asthma
- Other(specify) _____

Operations or serious injury (dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications (send with instructions) _____

Other diseases _____

Name of dentist/orthodontist _____ Phone _____

Name of physician _____ Phone _____

Preferred Hospital _____

Do you carry family medical/hospital insurance Yes No

If yes, indicate: Carrier _____ Policy/Group # _____

Please identify the nature of allergic reaction to foods, drugs, insect bites, or dust

For Female

Has this person menstruated? If not, has she been told about it?

If so, is her menstrual history normal? Special considerations _____

Suggestions on health-related information for camp personnel _____

Over, please →

Camper Emergency Form page 2

Immunization History

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses. Parent/Guardian must fill in this information using their home health record.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis(Whooping Cough) Tetnus or } DPT	1. 2. 3.	1. 2.
Tetnus Diphtheria or } TD		
Tetanus		
Oral Polio (Savin) TOPV		
Injectible Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German Measles, 3-day Measles)		
Other		
Tuberculin test given _____ (most recent)		
Haemophilus influenza b (HIB)		
Hepatitis B		

IMPORTANT -This Box Must Be Completed for Attendance*

Statement of Understanding

You are aware in signing this statement for participation in the programs of the Adventure Education Center that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability to participate in the activity. If for any reason, you question your ability to participate in the activity, please consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using all the high ropes courses, initiative course, outdoor climbing wall, field archery course, orienteering course, or during the Adventure Camps include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures, or other injuries. Please note that most activities are conducted outside in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements. The facilitators will take every reasonable precaution to minimize exposure to known risks, however, as a participant, you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your facilitator. Sponsoring agencies have the responsibility to provide a progression of appropriate activities that lead to the experiences at the Adventure Education Center.

The AEC may also have photographers covering activities to take photos to use in AEC materials (brochures, fliers, manuals, etc.) It is understood you will not receive any compensation for the use of your image in any AEC materials.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that my family and I, including any minor children are fully capable of participating in the activities. I assume full responsibility for my family and myself, including any minor children for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of my family.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; To release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian _____ Date _____

Signature of minor camper/staffer _____ Date _____

*If for religious reasons you cannot sign this, the the camp should be contacted for a legal waiver which must be signed for attendance

NAME OF CAMP _____
CREW LEADER _____
DATE OF CAMP _____



CAMPER MEDICATION FORM

Direct Instructional Support Systems, Inc.
PARENT OR STUDENT REQUEST FOR ASSISTANCE
IN THE ADMINISTRATION OF MEDICATION BY
D.I.S.S. PERSONNEL

Name of Camper _____

Name of Medication _____

Route or Method of Administration _____

Dosage: _____ Time(s) _____

I/We understand and acknowledge that D.I.S.S. personnel are under no obligation to render the assistance requested and that such assistance may be rendered by an employee of D.I.S.S. who is not medically trained. I/We hereby release D.I.S.S. officials and employees from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistance requested.

Furthermore, I/We understand the parental responsibility to be: (1) to deliver the medication to the camp (in the original bottle); (2) to notify the camp if the child changes physicians; (3) to obtain a revised statement, signed by the physician who originally prescribed the drug, and to deliver it to the camp when the child's therapy is changed in any manner; and (4) to recover any medication not administered by the camp.

Date _____

Signature of Student's Parent(s) or Legal Guardian(s)

(Return this form with the medication - in original bottle - on the first day of camp if your child needs to have medicine dispensed during camp hours)



ADVENTURE CAMP

Pick Up Release Card

Office: (614) 846-8946

Camp Emergency Number: (740) 549-1154

Camper's Name

For your child's safety, please present this card at pick up.



ADVENTURE CAMP

Pick Up Release Card

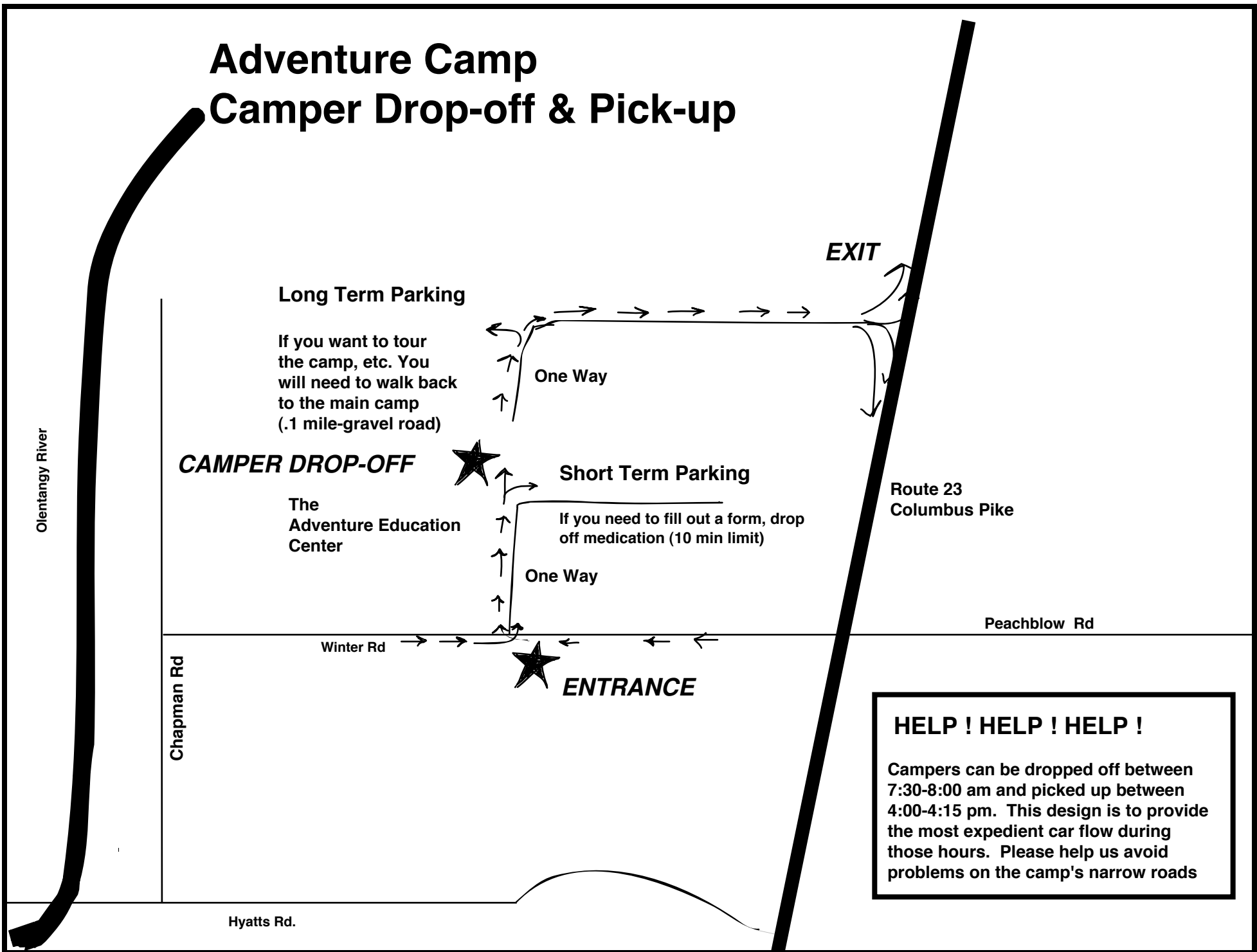
Office: (614) 846-8946

Camp Emergency Number: (740) 549-1154

Camper's Name

For your child's safety, please present this card at pick up.

Adventure Camp Camper Drop-off & Pick-up



Vertical Reality

Minors 18 & Under

Release and Waiver of Liability & Indemnity Agreement

I acknowledge that W. Born & Associates, Inc. is permitting my child, _____ (print child's full name on blank) to use it's Vertical Reality facilities for wall climbing, rope ascending, rappelling, riding high-lines or a "Zip-Line", crossing a rope bridge or climbing a rope ladder and that my child also may be participating in a Basic/Intermediate/Advanced Rappelling and Rope Rigging class, a Vertical Rope Rescue class, Confined Space Rescue class, Vertical Caving class, a Tactical Rope-work class, or participating in the act or acts of any of the foregoing or any other activity (collectively the "Activities") only as a result of my entering this Release and Waiver of Liability and Indemnity Agreement (the "Agreement"). I understand that the Activities that my child will participating in at Vertical Reality may be in part, inherently dangerous, and that my child could be risking injury, even death, by participating in any of the Activities. My child's participation in the Activities is strictly voluntary.

As an inducement to W. Born & Associates, Inc. for permitting my child to use it's facilities, I, on behalf of my child, myself, my spouse, and our respective heirs, heirs apparent, and personal representatives (collectively "Releasers") hereby assume full responsibility for any and all injuries (including death) and other losses that my child may suffer as a result of my child's participation in any of the Activities, and the Releasers release, waive, and agree to indemnify and hold harmless W. Born & Associates, Inc., and it's directors, officers, employees, and consultants from any claim or liability (including attorney's fees and costs) for any injury (including death) or other loss that my child or any of the Releasers may suffer because of my child's participation in the Activities or my child's presence at the facilities or my child's failure to adhere to any part of this Agreement, regardless of the cause of the injury (including death) or loss (including my child's own negligence or anyone else's negligence, or that of W. Born & Associates, Inc., or that of anyone associated with W. Born & Associates, Inc.). The Releasers hereby covenant not to sue any of the foregoing as a result of my child's participation or that of anyone else in any of the Activities. The Releasers also agree to indemnify and hold harmless W. Born & Associates, Inc., it's directors, officers, employees, and consultants for any attorney's fees or costs that may incur as a result of a suit, action, or proceeding against them resulting from my child's participation in any of the Activities. Furthermore, the Releasers acknowledge that my child has no physical limitations, conditions or disabilities of any kind whatsoever that would inhibit my child in taking part in any of the Activities. The Releasers affirm that my child is in good mental and physical fitness for the Activities, and that my child is not under the influence of alcohol or any drugs that are contradictory to any of the Activities. If my child is taking medication, the Releasers affirm that my child has seen a physician and has approval to participate in any of the Activities while under the influence of the medication/drugs.

The Releasers further agree to each of the following:

In the event that my child uses the climbing facilities at Vertical Reality, my child will:

- (1.) Follow all the safety rules posted throughout and around the facilities.
- (2.) Seek help from a staff instructor if my child is not sure how to use or do something.
- (3.) Always use a belay, whether climbing or rappelling. All climbers will be belayed using a Petzl GriGri. All rappels shall use a bottom belay, top belay, or self belay while descending a rope.
- (4.) Use a manufactured harness which has a name or label.
- (5.) Have my child's own equipment, ropes, harness, and vertical gear inspected and approved by a staff member before using it.

The Releasers understand that W. Born & Associates, Inc. it's officers, directors, employees, and consultants are relying on this Agreement, and the Releasers agree to be legally bound by this Agreement. The Releasers agree that this Agreement is intended to be as broad and inclusive as permitted by laws of the State of Ohio which shall govern this Agreement. If any portion of the Agreement is held invalid, the Releasers agree that balance shall continue in full legal force and effect. I have carefully read this Agreement and know and understand the contents and effect of this Agreement and sign as of my own free act. This Agreement contains the entire agreement, written and oral, of this release and waiver of liability and indemnity agreement and supersedes and replaces any preceding written or oral agreement.

Parent's Full Name _____

(Print In CAPITAL LETTERS) _____ (Parent's Signature)

Address _____

City _____

State _____

Zip _____

Phone _____

Child's Signature _____