



## 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

## Pirates, Rafts & Treasures

Dear Campers and their Families,

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

Arrival and departure times:

Monday	8:00am to 4:00pm
Tuesday	8:00am to 4:00pm
Wednesday	8:00am to 4:00pm
Thursday	8:00am to 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, orienteering, raft building, kayaking and many more. Campers will experience life on a "Pirate" ship by climbing the mast and setting the sails on the Santa Maria Replica ship in downtown Columbus. They will also fight the high seas of Alum Creek Lake on a kayak journey. Of course, make sure to always keep that treasure chest close and be on the look out for Captain Morgan and his crew who are sure to try and steal those treasures.

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
- Rain coat 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 plus \$10 for lunch at the water park)
- Personal items (toothbrush, toothpaste, towel, deodorant, etc.)
- Light jacket or sweatshirt
- Sleeping bag and pillow
- Change of clothes

\*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, or mp3 players. 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.

Enclosed with this letter are many forms. Please fill out **TWO** Camper Emergency Forms (both pages) as well as the Camper Confidential form and the Shuttle Bus Emergency form (if you are riding) and return them to our office by **June 30**. If your camper must take medication during camp hours please bring the medication in its original container along with the Camper Medication form on the first day of camp. If you have any other needs or concerns please feel free to contact our office.

#### Return forms to:

The Adventure Camp – Pirates  
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,

*Captain Chopper*

aka...Jeff Lenczowski  
Pirates 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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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

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*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

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*Camper's Name*

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

# Adventure Camp Camper Drop-off & Pick-up

