



## The Adventure Education Center

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

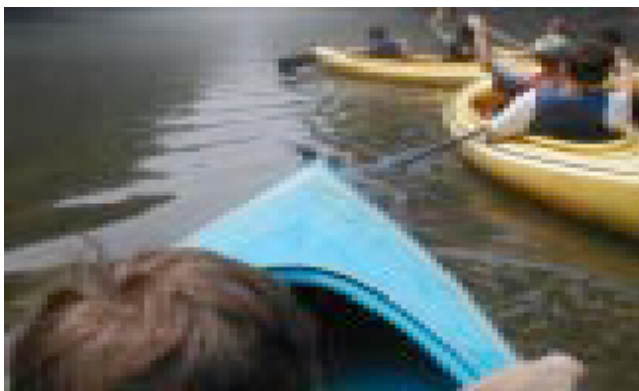
A Non-Profit Organization



# Adventure Camp Trailblazers 2008

Dear Camper,

Get ready for a week filled with adventure activities! You and your fellow crew members will tackle the high ropes, GPS orienteering scavenger hunt and a mountain biking course at **The Adventure Education Center** at Camp Lazarus. We will spend the overnights at John Bryan State Park in Yellow Springs, Ohio. While there, we will paddle down the Little Miami River on a full day canoe trip, and go hiking and rock climbing. Then a visit to



the National Museum of the United States Air Force will round out the week. In the event of inclement weather and/or dangerous paddling conditions, an alternate river may be chosen. This is information concerning Trailblazers camp. Please read this information carefully, and call the office if you have any questions (614) 846-8946.

## **Arrival and Departure Times: Arrival Departure**

Monday	8:00 a.m. - 4:00 p.m.
Tuesday	8:00 a.m. - 4:00 p.m.
Wednesday	8:00 a.m. - overnight
Thursday	overnight - overnight
Friday	overnight - 4:00 p.m.

Please arrange your transportation plans according to this schedule.  
Please note that all arrivals and departures will be at Camp Lazarus.  
4422 Columbus Pike, Delaware, Ohio 43015.

## **What to Bring**

### **EVERYDAY, AT ALL TIMES:**

- **Sunscreen**
- **Insect repellent**
- **Rain Gear**
- **Sunglasses** (the cheaper, the better in case they get lost or broken)

### **Monday/Tuesday**

- Shoes and clothes for being wet (**shoes MUST BE closed-toe & closed-heel, no Crocs**)
- Long shorts or pants for high ropes (optional)
- Towel
- Shoes and clothes for hiking

## Wednesday – Friday Overnight

### Small Bag

- All **EVERYDAY** items from above
- Money for ice cream (\$10 total recommended to cover Wednesday and Friday)
- Books/Cards for van ride
- Flashlight

### Large Bag

- Clothes for hiking and rock climbing Wednesday
- River gear (Thursday) – swim suit, towel, water shoes (closed-toe)
- Clothes for Museum Friday
- Long pants and sweatshirt for cool nights
- Toiletries
- Sleeping bag
- Pillow

### **WHAT NOT TO BRING**

- Watches
- iPods/MP3 Players, other electronics
- Cell Phones
- Food
- Knives
- Jewelry



### **Camper Release Forms:**

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

### **Return all forms:**

**Adventure Camp - Trailblazers**

**P.O. Box 691**

**Worthington, Ohio 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,

**Doug Arden**

Trailblazers 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 \_\_\_\_\_

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

## 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

