



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



WILD WEST CAMP

Dear Parents, Cowgirls & Cowboys,

Welcome to Wild West camp!! Are you ready to have some fun this summer? Well get ready because all of us here at Wild West camp are looking forward to having a great time hanging out with you while we practice our rodeo skills, visit the swimmin' hole, do some animal trackin', pond probin', lashin', cookin', searchin' for gold, and taking a trip South West (about 15 minutes from camp) to solve the mystery of that silly guy in yellow pants "BAAAAAD BART"!

In order to have a great week at camp please be sure to make note of the following items before your first stop at Wild West Camp.

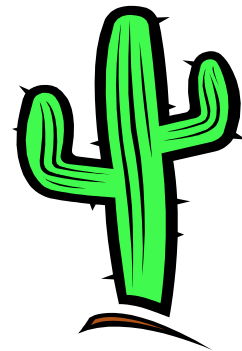
Ω **Camp begins everyday at 8:00 AM and concludes at 4:00 PM.**

Ω All campers need to be dropped off at Camp Lazarus
4422 Columbus Pike, Delaware, Ohio 43015

Ω Drinks, snacks, and lunch are provided everyday. If a camper has special dietary (diabetic, vegetarian, etc.) concerns please contact the camp office at 614-846-8946 prior to the start of camp.

Ω Please be sure to pack correctly for camp. The following items need to be packed in a small durable bag and brought to camp everyday.

1. **Swim suit, towel, sunscreen**
2. **An extra pair of OLD tennis shoes for water activities (NO open toe shoes or Crocs at any time. Thanks!)**
3. **Bug spray (No aerosol cans, please)**
4. **Sweat shirt (Optional for a chilly morning)**
5. **Rain gear (Optional)**



*****Please do not bring: Watches, jewelry, electronic devices, candy, snacks, or knives.**

It is very helpful to mark all belongings with your last name for identification. All items left at the conclusion of camp will be donated to the Volunteers of America.

Ω **The emergency phone number at the site is (740)-549-1154. The camp office is staffed periodically; you may also call the main office 614-846-8946.**

Ω **Enclosed are many forms. Two Medical forms, and a camper confidential form must be completed and returned by June 30th.**

Ω It is very important that both sides of Assumption of Risk/Medical forms are completed, signed, and returned to Adventure Camp. We keep one on site at all times and one form is used for travel.

Ω If your cowboy or cowgirl requires medication while at camp, please fill out the medical dispensing form. This form must accompany medications in the original prescription bottle on the first day of camp. Please check all medicine in with your child's camp counselor. If you have any special needs or concerns, please inform our staff. We are happy to help in any way we can!

Ω Please return all forms to:

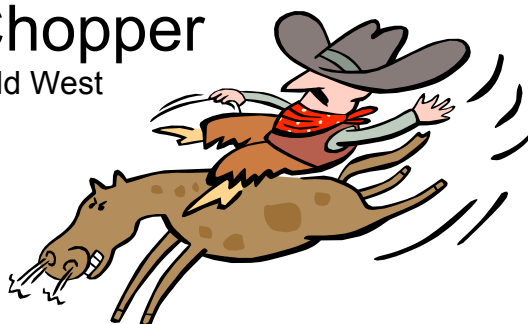
**Wild West Camp
535 B Lakeview Plaza Blvd.
Worthington, Oh 43085**

We are looking forward to a YEE-HAWIN' FANTASTIC Wild West experience. 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. See you this summer!

aka...Jeff Lenczowski

Sincerely,

Chopper
Wild West



Coordinator

CAMPER CONFIDENTIAL



CAMPER NAME _____

CAMP ATTENDING _____

WEEK OF CAMP _____

Optional

Photo

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

Camper's Name

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



ADVENTURE CAMP

Pick Up Release Card

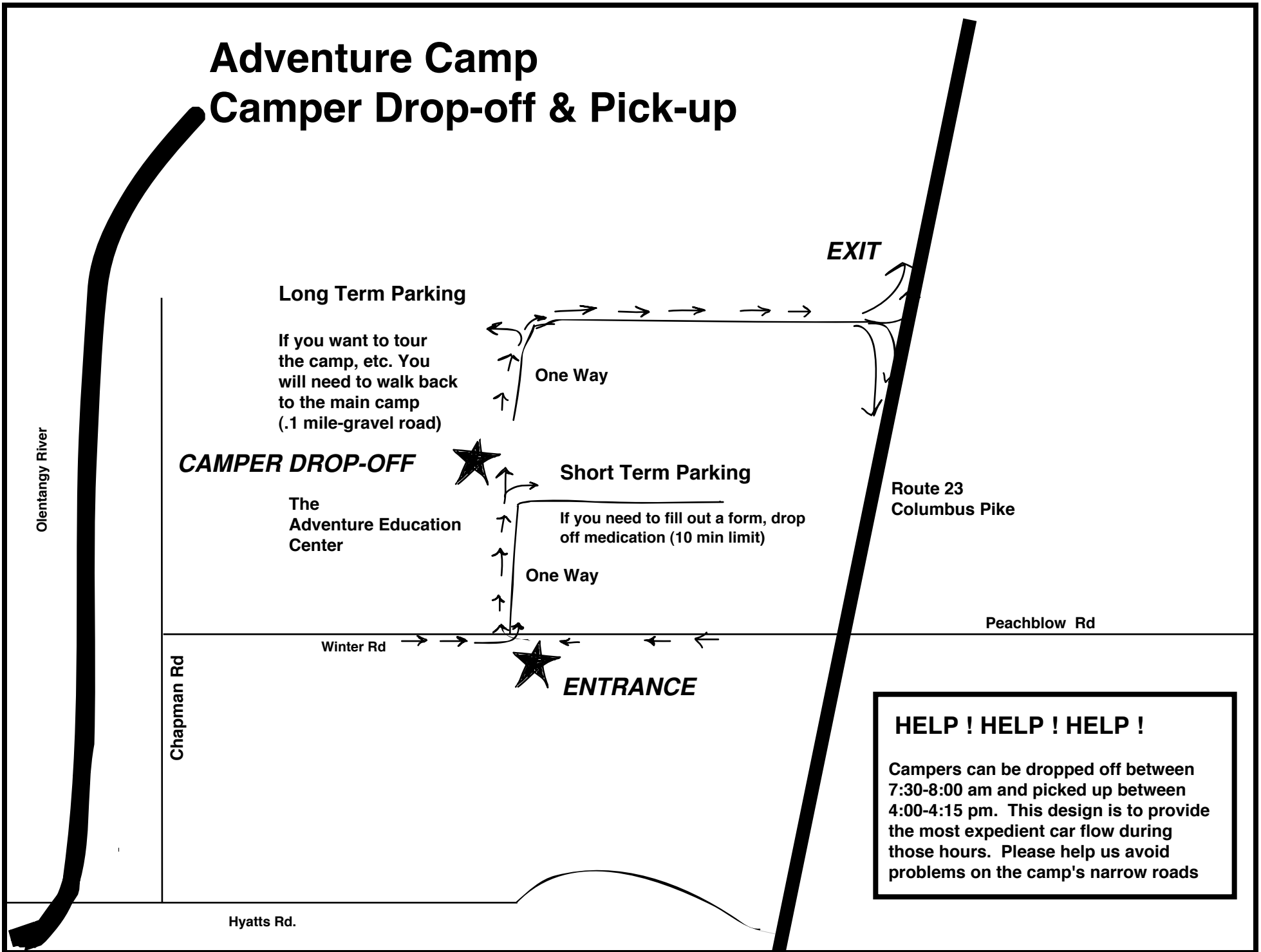
Office: (614) 846-8946

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



HELP ! HELP ! HELP !

Campers can be dropped off between 7:30-8:00 am and picked up between 4:00-4:15 pm. This design is to provide the most expedient car flow during those hours. Please help us avoid problems on the camp's narrow roads