



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 Coordinator of your child's camp.

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 picking up your child at the end of the day. When you arrive, 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 card to the car pool driver or other designated person picking up your child.

Other forms that you should find in your packet include a map to camp and a few forms to be filled out and sent back to the AEC/Supergames main office prior to camp starting. Those forms include: A Camper Emergency Form, a Camper Confidential form, a Camper Medication form (if needed), and individual camp release forms (as needed). You will be receiving a letter from your camp's Coordinator in May that will include information about what your child needs to bring to camp every day.

As a reminder, please send in your required forms by **June 15**.

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,

Jeanne Lehman
Adventure Camp Director
A Non-Profit Organization

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, Tetnus (Tdap)		
Measles, Mumps and Rubella (MMR)		
Hepatitis A		
Hepatitis B		
Polio		
Influenza		
Chicken Pox		
Other		

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



Offsite Camper Emergency Medical Form

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

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(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

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Street & Number City State Zip Area/Number

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- Hypertension
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- Hay Fever
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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

Suggestions on health-related information for camp personnel _____

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Offsite Camper Emergency Medical Form - Page 2

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Hepatitis A		
Hepatitis B		
Polio		
Influenza		
Chicken Pox		
Other		

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Signature of parent or guardian _____ Date _____

Signature of minor camper/staffer _____ Date _____

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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

