



ADVENTURE DAY CAMP

Educator & Parent Guide





WELCOME!!

Thank you for choosing the AZ Outdoor Ed for your outdoor camp experience! We are excited to make this memorable for everyone who participates with us.

Our team is committed to providing the absolute best in outdoor educational experiences. We have created this guide to help you and your students prepare to attend your program.

Included in this Guide, you will find program information, forms, and other important information. Please read through everything carefully and let us know if you have any questions or concerns.

Our team is here to serve you!

ABOUT US

OUR MISSION

The mission of AZ Outdoor Ed is to serve all youth of Arizona by providing quality outdoor educational programs that instill in them an appreciation for the outdoors and the environment, teach effective teamwork, instruct about the cultural history of Arizona, and provide access to the natural resources of the surrounding areas.

OUR QUALIFICATIONS

The properties on which we offer programs are accredited by the BSA National Camp Accreditation Program (NCAP). This means that our camp meets, and in many cases exceeds, industry-accepted and government-recognized standards for camp operations.

BSA's NCAP standards program focuses primarily on the health, safety, and risk management aspects of a camp's operation while ensuring high quality program delivery for participants. Teachers and parents can rest assured that your students are well cared for when they are at Grand Canyon Council properties!

OUR TEAM

We take great care to hire highly motivated staff to guide campers through this incredible learning experience. Their passion for the outdoors and demonstrated professionalism combine to enhance your student's adventure.

All staff are thoroughly vetted and undergo a criminal background check to ensure our campers' well-being and their parents' peace of mind.

A few key staff that your child will meet are:

Camp Director: The Director is on site to provide additional support to the team and your group. This person oversees the entirety of the property and works to ensure that your experience is the best possible.

Program Directors: Oversee all aspects of programming for AZ Outdoor Ed from School Programs to the Recreational Activities.

Scout Oath:

On my honor I will do my best; to do my duty to God and my country and to obey the Scout Law; To help other people at all times; To keep myself physically strong, mentally awake, and morally straight.

Scout Law:

A Scout is:

Trustworthy, Loyal, Helpful, Friendly, Courteous, Kind, Obedient, Cheerful, Thrifty, Brave, Clean & Reverent

ABOUT CAMP

In this drop off day camp experience, designed for ages 6 – 10, youth will participate in exciting adventures that inspire creativity, boosts literacy, and develops critical thinking skills. Each day will be divided between themed sessions and fun activities, such as nature hikes and swimming/water activities at the pool.

Themed Educational Activities that will include:

Motor Away – Exploring the physics of transportation

Curiosity, Intrigue, & Magical Mysteries

Secret Agents – Codes & Cyphers

Marble Madness

Air Power

Super Science – Investigations of Power & Color

Family Stories – Exploring Personal History

Modular Design – Exploring designing with modular materials.

Sessions last for 2 weeks at a time, beginning in June of 2022 and going through the end of July.



ADVENTURES

MOTOR AWAY

This adventure gives participants the chance to rely on the power in their own bodies by blowing air, throwing planes, or using rubber bands. They will have the chance to explore propulsion in its most basic form. Motor Away!

CURIOSITY, INTRIGUE, & MAGICAL MYSTERIES

This adventure is designed to help participants expand their curiosity through magical means. Learning basic magic tricks to share with others and putting on a magic show for friends!

FAMILY STORIES

This adventure will help participants learn more about their own personal heritage and create a personal connection to family - exploring genealogy and building a personal family crest!!

MODULAR DESIGN

This adventure gives participants the opportunity to learn the concept of modular design and construction. Learning about modular construction is one way to be thrifty with resources. The adventure will include use of modular-based building pieces to design and construct a variety of awesome items that they will get to bring home!!

SECRET AGENTS

In this adventure, participants will learn how codes and cyphers can be utilized to have some fun with friends and family members by creating their own secret language and learning how to write secret messages with household items.

MARBLE MADNESS

In this adventure, participants will learn about a game that has entertained people since the time of ancient Egypt. They will experience individual competition and teamwork, helping other, learning rules, and being a good sport.

AIR POWER

This STEM-based adventure helps participants explore basic aspects of air—often an overlooked substance. Then they discover some of the many things that air can do for us

SUPER SCIENCE

In this adventure, participants will get to do some science projects that are a little bit messy and really amazing. So put on your lab coat and get ready to do some super science!

SAMPLE SCHEDULE

Week 1

	Mon	Tues	Wed	Thurs	Fri
8:00	Check In/Games				
8:30	Opening Enrichment				
9:00					
9:30					
10:00	Adventure 1	Adventure 1	Adventure 1	Adventure 5	Adventure 5
10:30					
11:00	Adventure 2	Adventure 2	Adventure 2	Adventure 7	Adventure 7
11:30					
12:00	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
12:30					
1:00	Adventure 2	Adventure 2	Adventure 2	Adventure 7	Adventure 7
1:30					
2:00	Snack Time				
2:30	Open Swim				
3:00					
3:30					
4:00	Check Out/Pick Up				

Week 2

	Mon	Tues	Wed	Thurs	Fri
8:00	Check In/Games				
8:30	Opening Enrichment				
9:00					
9:30					
10:00	Adventure 3	Adventure 3	Adventure 3	Adventure 6	Adventure 6
10:30					
11:00	Adventure 4	Adventure 4	Adventure 4	Adventure 8	Adventure 8
11:30					
12:00	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
12:30					
1:00	Adventure 4	Adventure 4	Adventure 4	Adventure 8	Adventure 8
1:30					
2:00	Snack Time				
2:30	Open Swim				
3:00					
3:30					
4:00	Check Out/Pick Up				

CHECK-IN PROCESS

Upon arrival, participants will check in at **REGISTRATION** to ensure we have the following:

- Health Forms
- Parent Release
- Confirm Parent/Guardian Contact info
- Confirm Lunch in hand
- Assign participant to class/group

From there participants will go to opening enrichment activities including nature hikes, special guest speakers, field games, and team building activities.



DISCIPLINARY GUIDELINES



We expect participants to be on their best behavior while visiting our camp. Participants who misbehave repeatedly will face expulsion. Our discipline policy has three strikes:

Strike One:

The student is informed of their poor choice and a discussion is held on how they can improve their behavior.

Strike Two:

Parents are contacted and their feedback is solicited. A behavior agreement is established which clearly states the behavior the student must exhibit to remain a part of the program. The parents are made aware of the agreement and the consequences for any further negative actions.

Strike Three:

A student who breaks their agreement will be responsible for the consequences. Any student who receives a third strike will either be sent home or placed exclusively in the custody of the visiting school's teachers.

Any infraction which puts a participant's or staff member's safety in jeopardy will result in the student's immediate expulsion.

No refund or credit will be granted to an expelled student.

For our discipline system to work effectively, we need the cooperation of both the parents and participants. When disciplinary issues arise, the participant is brought to a member of camp administration. Parents are contacted, and their feedback is solicited. A behavior agreement is established which clearly states the behavior the participant must exhibit to remain a part of the program. The parents are made aware of the agreement and the consequences for any further negative action.

PARENT INFORMATION

Below is information provided to the parents and guardians of participants. We strongly recommend that parents sit down with their children to review and discuss the guide so that everyone knows what to expect while at camp.

PACKING LIST

Please make sure your child's name and contact information are easily visible on all bags and lunch boxes. Students must carry their own bags, so pack carefully!

Clothing:

Lightweight, closed toe shoes OR
hiking shoes
Jacket (weather appropriate)
Raincoat or Poncho (if the forecast
calls for rain)

Personal Items:

Chapstick and Sunscreen
Face Masks (recommended)
Hat
Sunglasses
Shower Sandals
Bathing Suit
Beach Towel
Flip Flops or Sandals
Goggles

WHAT NOT TO BRING

If an item is not permitted at your school, it is not permitted at camp. The following items are not allowed to be brought on site. If your student is found with any of the following items, corrective action will be taken, which may include expulsion from our program:

Cell Phones or Other Electronic Devices, Alcohol or Drugs, Personal Sports Equipment, Matches, Lighters, Pocket Knives, Weapons, Pets or Other Animals.



PARTICIPANT HEALTH HISTORY FORM

Please fill out the following information & attach the requested additional information to be turned in at registration of camp.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____

CONTACT INFORMATION

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:
Name: _____ Relationship to Camper: _____

Preferred Phone #: (_____) _____

Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:
Name: _____ Relationship to Camper: _____

Preferred Phone #: (_____) _____

Email: _____

Additional contact in event parent(s)/guardian(s) cannot be reached:
Name: _____ Relationship to Camper: _____

Preferred Phone #: (_____) _____

INFORMED CONSENT & TALENT RELEASE

I understand that participation in camp activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any volunteers or professionals who need to know of medical conditions that may require special consideration in conducting camp activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. The participant has permission to engage in all activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

MEDICAL INFORMATION

Allergies:

Are you allergic to or do you have any adverse reactions to the following?

Yes	No	Allergies/Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/Stings	

- Medication:** This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper’s name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of Medication	Reason for Taking	When it is given	Amount/Dose	How is it given?
		<ul style="list-style-type: none"> • Breakfast • Lunch • Dinner • Other: _____ 		
		<ul style="list-style-type: none"> • Breakfast • Lunch • Dinner Other: _____ 		
		<ul style="list-style-type: none"> • Breakfast • Lunch • Dinner Other: _____ 		

(If additional lines are necessary, please attach on a separate sheet.)

The following non-prescription medications may be stocked in the camp Health Office and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|--|---|
| <ul style="list-style-type: none"> • Acetaminophen (Tylenol) • Phenylephrine decongestant (Sudafed PE) • Antihistamine/allergy medicine • Diphenhydramine antihistamine/allergy medicine (Benadryl) • Sore throat spray • Lice shampoo or cream (Nix or Elimate) • Calamine lotion • Laxatives for constipation (Ex-Lax) | <ul style="list-style-type: none"> • Ibuprofen (Advil, Motrin) • Pseudoephedrine decongestant (Sudafed) • Guaifenesin cough syrup (Robitussin) • Dextromethorphan cough syrup (Robitussin DM) • Generic cough drops • Antibiotic cream • Aloe • Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |
|--|---|



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are **NOT** expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication unless instructed to do so by your doctor.

Non-prescription medication administration is approved for youth by

Parent/Guardian: _____ Date: _____



Immunization:

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column, and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease (Date)	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		COVID-19	
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/Mumps/Rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e. HIB)	

Please list any additional information about your camper's medical history that may aid us in providing care:

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____



Include a copy of your insurance card, if appropriate; copy both sides of the card so information is readable.

Parent/Guardian Authorization for Health Care:

The aforementioned health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities, except as noted by myself, and/or an examining physician. I give permission to the medical professional selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the medical professional to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand that the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child, and these providers may talk with the program's staff about my child's health status.

Parent/Guardian _____ Date: _____ Relationship to Camper: _____

FOR CAMP USE ONLY:

REVIEWED BY: _____ DATE: _____
APPROVED BY: _____ DATE: _____

