


girl scouts
of western ohio



Under the Sea in the Pines!

Girl Scout Day Camp 1A
June 10-13, 2019
Lake in the Pines Campground and Resort
9:00 a.m.–3:30 p.m.

Registration Deadline: **May 1, 2019**

OPEN FOR NEWS ABOUT DAY CAMP!

888.350.5090 | gsw.org
customer-care@gsw.org



In Partnership With:



Dear Caregiver:

Thank you for your interest in sending your Girl Scout to volunteer day camp. At day camp, girls will Discover, Connect, and Take Action as they learn to live the Girl Scout Law and make a difference in the world. They will discover their values and talents through a variety of outdoor activities. Girls will also connect with other girls and adults, learn how to work together as a team and use that teamwork to take action and make the world a better place.

Volunteer day camp is run by a dedicated team of specially trained volunteers who work year round to make this enriching opportunity possible. Volunteer day camps are staffed completely by volunteers, so we welcome moms, dads, aunts, uncles, grandparents, and other adult friends to volunteer. A background in Girl Scouting is not necessary. Volunteers are asked to complete a volunteer application and background check, and attend training to prepare for your role at camp. **Training is mandatory for all volunteers.** We offer two training dates which will be either Tuesday, May 21, 2019, at 6:30 p.m. or Thursday, May 23, 2019, at 6:30 p.m. at Lake in the Pines Campground.

For continued progressive opportunities in Girl Scouts, we also offer many other outdoor and camp opportunities listed on our website at gswo.org.

Below you will find basic information about day camp. Detailed information and instructions will be sent in an email after you have registered. For additional questions or concerns, please contact **Fawn Williamson, Camp Director** at 812.621.0210 or fawnw91@hotmail.com, **Sally Bertram** at 812.576.2197 or **Rollie Hollowell** at 513.203.5274 or hoosierhills407@yahoo.com or rolliecindy@fuse.net.

Health: A nurse or first aider will be available at camp. Check with your physician to see if a tetanus booster or any immunizations are necessary. Medications are the responsibility of the caregiver. Please give any medications your daughter may need to the health supervisor or unit leader in the original container on the first day of camp. Be sure to include written instructions. Please ensure any allergies or dietary restrictions are recorded on your Girl Scout's Health History form and pointed out during check in.

Food: Everyone is to bring a sack lunch, drink, and water bottle. Please write names on all items.

Clothing: Proper dress for the weather is necessary. Wear sturdy shoes, socks (closed toes, **no sandals, flip flops, or crocs**); shorts or jeans, camp T-shirt (**provided for each camper, must be worn each day**); hat, bathing suit and towel, rain gear, wash cloth and sunscreen. **Camp is not cancelled because of rain.**

Insurance: Every registered Girl Scout and registered adult member is automatically covered under the basic plan by Girl Scouts of the USA. This plan is effective from October to the following September. This insurance provides up to a specified maximum for medical expenses incurred as a result of an accident while a member is participating in an approved Girl Scout activity, after the individual's primary insurance pays out.

Caregiver: If you feel this camp is unsafe or a hazard to children you should contact Dearborn County Children's Services Department at 812.537.5131 or Dearborn County Combined Health District at 800.531.1041.

04-9238-01/2019



Activity Costs:

Cost includes: T-shirt for campers

First Girl Scout (non-volunteer) **\$80**

Second Girl Scout (non-volunteer) **\$70**

Each child of four-day volunteer **\$50**

Each child of three-day volunteer **\$60**

Boy/Peewee (**only if caregiver is a four-day volunteer**) **\$50**

(Boy's age eligibility—entering the grade 6 in the fall and younger)

Additional fee for non-registered girls and adults **\$25** (GS Membership Fee

This year! If you are a new girl* registering to attend day camp who will continue as a Girl Scout in the fall as a member of a troop, you can select the Extended Year Membership for \$35. This will register you for the remainder of this membership year (covering your participation in day camp) and get you all set for the next membership year as well! You will be a registered Girl Scout through September 30 of 2020.

**New girls include girls who lapsed in membership for at least one full membership year.*

For each CAMPER
(Girl, PA, Boy, PeeWee)
Complete the

1. Registration Form
2. Additional Info, Release, & Health Form
3. High Risk Activity Form
4. Minor Photo Release

For each ADULT
VOLUNTEER:

- Complete the
1. Registration Form
 2. Additional Info, Release, & Health Form
 3. Adult Medical History
 4. Adult Photo Release

T-shirts for each adult volunteer attending \$10 each (mandatory)

Day Camp Patch **\$ 2 each (optional)**

Late fee if postmarked after May 10, 2019 \$10

Make checks payable to **Girl Scouts of Western Ohio**. Complete the needed forms (SEE ABOVE).
Mail all four forms with payment to:

**Veronica Mullins
10933 Fox Run Lane
Sunman, IN 47041**

Do **not** send registrations to the Girl Scout Center. All registrations received at the Girl Scout Center will be forwarded to the appropriate day camp on a weekly basis and may cause your child to be closed out of camp.

Registrations will be accepted starting March 1st to May 1st, 2019. Girls will be accepted on a first come, first-served basis based on the number of volunteers available and according to postmark. Priority will be given to girls with caregiver who are volunteering. **NO applications will be accepted after May 10, 2019.**

Financial Assistance: Financial assistance may be available for girls who want to attend but are unable to do so because of limited family income. Applicants must pay at least \$28 (40 percent) of the day camp fee. Please include payment for the total amount your family can pay with the registration form.

Refund Policy: Money may be refunded for the following reasons **only**:

1. Moving out of town.
2. Illness or exposure to a communicable disease.
3. Required attendance at summer school.
4. Camp capacity is reached and no other camp is attended; refund will be sent within four weeks of registration date.

To request a refund, send a written request within ten business days from the end of camp to:

**Lauren Miller
Program and Partnerships Manager
Girl Scouts of Western Ohio
4930 Cornell Road
Cincinnati, OH 45242**



Day Camp 1A Registration Form
"Under the Sea in the Pines," Lake in the Pines,
June 10-13, 2019

(A separate form is needed for each girl, boy and adult)

Name: _____ Phone #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 DOB: _____ Age: _____ Grade in Fall: _____
 Caregiver Name: _____ Caregiver's Cell Phone#: _____
 Caregiver email: _____
 School: _____ Troop #: _____ Service Unit Name/#: _____

Check box if not currently registered as a Girl Scout. (Please submit your \$25 Membership fee to be a Girl Scout with your camp fee.)

Custodial Care: Mother only Father Only Both Other _____

Units:

- Boy/Peewee
- Girl Scout Daisy (Grade 1) Girl Scout Junior (Grades 4-5)
- Girl Scout Brownie (Grades 2-3) Girl Scout Cadette (Grades 6-8)
- Program Aide (Grades 8-12)

I have taken or intend to take Program Aide Training. Date: _____

PA mandatory three to four hours community service, place, and date: _____
 (Submit in writing and signed by person in charge of Community Service along with camp forms and fee)

Fees: (see cost on page 2)

Youth Sizes Available:

- Small sz (6-8) Medium sz (10-12) Large sz (14-16)

Total Day Camp Fee: \$ _____

Adult Sizes Available:

- Small Medium Large X-Large XX-Large

Volunteer T-shirt Fee: \$ _____

Financial Assistance (if needed): Please complete the section below. To be answered by Caregiver: How would this girl benefit from day camp? _____

\$ _____ Amount family can pay (applicant must pay at least \$28 (40 percent) of the day camp fee)
 + \$ _____ Financial assistance requested
 = \$ _____ Total

Mail completed ALL required forms, per camper with check or money order payable to **Girl Scouts of Western Ohio** to:

Veronica Mullins
10933 Fox Run Lane
Sunman, IN 47041

Deadline: Registrations will be accepted until to **May 1, 2019**. Girls will be accepted on a first come, first-served basis based on the number of volunteers available and according to postmark. Priority will be given to girls with caregiver who are volunteering.

04-9238-01/2019

TOTALFEES	
Day Camp Fee	\$
Patch (optional)	\$
*Girl Scout Membership Fee for non- registered Girl Scouts (if applicable)	\$
T-shirts for each Adult volunteer attending \$10/each	\$
Late Fee, if postmarked after May 1st \$10/each camper (if applicable)	\$
Cookie Dough Fill out the form at: gswo.org/cookie dough Enter your Cookie Dough redemption code in the "Cookie Dough Code" box and your camp code in the "Event/Camp Details" box. Camp ID: 1acamp	
Total	\$

Caregiver Signature (required): _____ Date: _____





Additional Information, Release and Health Form

(Separate form needed for each camper)

Camper's Name _____ Date of birth _____ Age _____

Address _____

Caregiver's Name _____ Phone _____

Caregiver's Email _____

Transportation Information

I understand that my daughter will only be released to the people listed below with proper ID:

Name	Relationship to girl	Phone #
_____	_____	_____
_____	_____	_____

Name	Relationship to girl	Phone #
_____	_____	_____
_____	_____	_____

Medical Information

This section must be completed by all girls and adults attending in order to register for camp.

Name _____ DOB _____

Date of last injection—if this information is no longer available, write C for childhood if immunized as child.

DPT: ___ Measles/Mumps: ___ TB: ___ Polio: ___ Tetanus: ___ Hepatitis: ___

Are medications currently being taken: No Yes, please specify: _____

(Medication must be in original container with written instructions and given to the health supervisor at camp.)

Are there any special needs or accommodations required? If yes, please explain: _____

Are there any known behavior and/or emotional problems? If yes, please explain: _____

Allergies and/or dietary modifications: _____

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Is participant in good physical condition with no serious illness or operation since last health exam?

Yes No If no, please specify: _____

Physician's Name: _____ Phone #: _____

Insurance Information: _____

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: _____ Group #: _____

Name of insured: _____ Relationship to participant: _____

Social security number of policyholder or insurance ID number: _____

Emergency Contact Information _____

Emergency contact in case we can't reach caregiver:

Name	Relationship to girl	Phone #
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Caregiver Permission and Consent to Treatment _____

(Name of participant) _____ is in good physical health and has had a physical examination in the past 12 months. Participant has my permission to attend Girl Scout day camp and to participate in all activities except those noted. I have read the day camp flier and understand and agree to cooperate with all regulations. I further understand that the deposit is refundable only for the reasons noted on the flier.

Emergency Medical Authorization: This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed Girl Scout activities except as specifically noted.

Authorization for Treatment: In the event reasonable attempts to contact me at the provided phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transfer the child to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

My daughter may be registered as a Girl Scout member through September 30, 2019.

Caregiver Signature: _____ Date: _____

Adult Medical History

Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Physician's Name: _____ Phone: _____
 Physician's Address: _____ City: _____ State: _____ Zip: _____
 Dentist's Name: _____ Phone: _____
 Insurance Company: _____ Contract #: _____
 Through (Employer): _____ Insured Name: _____

Emergency Contacts

Name: _____ Relationship to Participant: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Name: _____ Relationship to Participant: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medications

Current Medication(s), dosage(s) and frequency: _____

Allergies: Check all that apply. Specify what reaction to look for and first aid/treatment your physician recommends.

- Penicillin _____
- Other Medicines _____
- Food Allergies _____
- Bee/Wasp/Insect Stings _____
- Plants (Poison ivy, etc.) _____
- Asthma _____
- Hay Fever _____
- Other _____

Other Health Conditions: Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Emotional Behavior/Disturbance | <input type="checkbox"/> Menstrual Cramps |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Sleep Disturbance | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Sickle Cell Trait/Disease | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Motion Sickness |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Urinary Infections | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Bleeding/Blotting Disorders | <input type="checkbox"/> Musculoskeletal Disorders | |
| <input type="checkbox"/> Other: _____ | | |

Please explain any items that are checked and indicate any information that would be useful in relation to any of these health conditions.

Chronic or Recurring Illnesses: _____

Operations or Serious Injuries (Include dates): _____

Are there any other facts not listed that would be important information to the first-aider, nurse or doctor that may treat you for any illness or injury?

Immunization History:

	Year Primary Series Completed	Date of Last Booster
Diphtheria/Whooping Cough/Tetanus (D.T.P.) Tetanus (TD)	_____	_____
Measles/Mumps/Rubella (MMR)	_____	_____
Oral Polio	_____	_____
Tuberculin Test (Most recent) Result:	_____	_____

In the event that reasonable attempts to contact my designated person in an emergency have not been successful, I hereby give my consent for the administration of any treatment deemed necessary by medical personnel. This health history is complete and accurate.

Signature of Participant

Date

High Risk Activity Permission Form

This form is used for permission to participate in council sponsored activities such as rock climbing, kayaking/ canoeing, archery, and swimming.

Camper's Name: _____ Home Phone #: _____

Caregiver Name: _____ Cell Phone #: _____ Texting: Yes No

Address: _____ City: _____ State: _____ Zip: _____

Troop/Group #: _____ Girl Scout Grade Level: _____

Caregiver Permission

I understand that my daughter/son may be participating in activities that are considered high risk. I feel that my child is developmentally ready, both physically and emotionally, and possesses the skills needed to participate in the activities I have marked below. My child is in good physical condition and has not had any serious illness or surgery since last health examination. In case of an emergency, when I cannot be reached, I give permission for my child to be treated by a qualified physician at the nearest hospital. (There may also be additional release forms specific to the activities listed below that need to be signed.)

I understand the risks inherent in the below activities: (Please, check all those that apply to the program the participants are attending or that they have permission to participate in, if given the opportunity.)

- Rock Climbing Kayaking/Canoeing Archery (Only Girl Scout Juniors or older)
 Other (Water blowup, bull rider, and so forth)
 Swimming Ability: Advanced Average Beginner Non-swimmer

Date of Activity: June 10-13, 2019

Location of Activity: Under the Sea in the Pines Day Camp 1 A at Lake in the Pines

Signature or Caregiver: _____ Date _____

The purpose of this "High Risk Activity Permission Form" is to inform caregiver of the risk, provide the opportunity for both the parents' and campers evaluation of their readiness for the activity and to give parents the opportunity to reinforce the skills and behavior necessary to safely participate with their child.



Photo Release For Minors



Date(s): June 10-13, 2019

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Under the Sea in the Pines Day Camp 1A

Location: Lake in the Pines

Activity: Girls will participate in a variety of outdoor activities as well as Girl Scout activities. Come learn new skills and create new memories that will stay with you long after day camp is over.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I hereby grant to Girl Scouts of Western Ohio, and others working for Girl Scouts of Western Ohio or on its behalf, and each of its respective licensees, successors and assigns (each a "releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively, "media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by Girl Scouts of Western Ohio, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the media.
2. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this release will create any obligation on Girl Scouts of Western Ohio to make any use of the media or the rights granted in this release. I hereby release and hold harmless releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this release and any use of the media by Girl Scouts of Western Ohio.

Name of Minor (please print): _____ Age: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone Number: (____) _____ Additional Phone (optional): (____) _____

Release for minors (those under the age of eighteen): I, the undersigned, being a caregiver of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

Name of Caregiver (please print): _____

Signature of Caregiver (Required): _____ Date: _____ Relationship: _____

Caregiver Email Address*: _____ @ _____
*(*will not be used for any other purposes or distributed to third parties)*

Region: _____ Troop#: _____ Service Unit: _____

Please return the completed and signed release to your regional Girl Scout Center.

05-9000-01/2019

888.350.5090 | gsw.org
customercare@gsw.org



Photo Release For Adults



Date(s): June 10-13, 2019

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Under the Sea in the Pines Day Camp 1A

Location: Lake in the Pines

Activity: Girls will participate in a variety of outdoor activities as well as Girl Scout activities. Come learn new skills and create new memories that will stay with you long after day camp is over.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I acknowledge that I am eighteen (18) years of age or older. I hereby grant to Girl Scouts of Western Ohio, and others working for Girl Scouts of Western Ohio or on its behalf, and each of its respective licensees, successors and assigns (each a "releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively, "media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by Girl Scouts of Western Ohio, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the media.
2. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this release will create any obligation on Girl Scouts of Western Ohio to make any use of the media or the rights granted in this release. I hereby release and hold harmless releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this release and any use of the media by Girl Scouts of Western Ohio.

Signature: _____

Name (please print): _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone Number: (____) _____ Additional Phone (optional): (____) _____

Email Address*: _____@_____

*(*will not be used for any other purposes or distributed to third parties)*

Region: _____ Troop#: _____ Service Unit: _____

Please return the completed and signed release to your regional Girl Scout Center.

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