

Service Unit #:  
408

## Camper Registration Form

**Camp Innovation and Fernald Preserve- 6-3-25 to 6-6-25**

Camper's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ County: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregiver's Email: \_\_\_\_\_

Custodial Care:      Mother only      Father only      Both      Other \_\_\_\_\_

Troop Leader's Name or Troop #: \_\_\_\_\_ Service Unit Name or #: \_\_\_\_\_

Camper is a:      Girl Scout Member      Re-registering Girl Scout      New Girl Scout

Units will be determined by the number of campers enrolled in each grade group:

Camper (Grades 2-5)

Program Aide (Grades 9 and up)

Junior Program Aide (Grades 6 and up)

Buddy's Name(s): \_\_\_\_\_

T-Shirt Sizes (circle one):    Youth    Adult    SM    MED    LRG    XL    XXL

Circle Youth or Adult and your preferred size

Camp Registration	
Day Camp Fee	\$50.00
Digital Dough Account # _____	- \$
Financial Assistance Amount Requested	- \$
TOTAL Due	= \$

**Register as a new Girl Scout member at [gswo.org/join](https://gswo.org/join)**

**Digital Dough:** To use your Digital Dough, fill out the form on [gswo.org](https://gswo.org). Council will contact the Camp Director with your payment amount approval

**Financial Assistance:** Register and pay for camp now for the amount that you can pay. A minimum of 50% of camp fee must be paid by camper. Enter on this form the requested amount of aid. The Council will contact you and your Camp Director with the amount of financial aid that you received.

I give full permission for my child to attend day camp and participate in all activities, except those noted. I agree to cooperate with the camp guidelines. I understand that my camper must have written permission to leave camp early or with someone other than a caregiver. If I cannot be reached in an emergency, I give permission to give emergency treatment to my child.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed Registration Form and payment to:

Nancy Benight  
7251 Brooks Road  
Harrison, OH 45030

Register online and pay by credit card at [https://do-good.rallyhood.com/38337/fundraisers/16903459?channel\\_key=9824ec5fa8a14b20435aad8013047260](https://do-good.rallyhood.com/38337/fundraisers/16903459?channel_key=9824ec5fa8a14b20435aad8013047260)  
(Surcharge applied for credit card payment)

If paying online, forms can be emailed to

[benight12@gmail.com](mailto:benight12@gmail.com)

**Deadline:** Registrations will be accepted from until May 26th, 2025.

Girls will be accepted on a first come, first served basis based on the number of volunteers available and according to postmark or payment received date online. Priority will be given to girls with caregivers who are volunteering.



# Girl Medical History and Release Form



Girl's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregiver's Email: \_\_\_\_\_

## Transportation Information

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

Name	Relationship to Girl Scout	Phone #
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Name	Relationship to Girl Scout	Phone #
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## Medical Information

This section **must** be completed by all Girl Scouts and adults attending event.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Date of last vaccine - 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: \_\_\_\_\_ (below)

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

Are there any special needs or accommodations required? If yes, please explain: (below) \_\_\_\_\_

Are there any known behavior and/or emotional concerns or anything else that would be helpful to know? If yes, please explain: \_\_\_\_\_

Allergies and/or dietary modifications: \_\_\_\_\_



# Girl Medical History and Release Form

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: \_\_\_\_\_

Policyholder or insurance ID number: \_\_\_\_\_

## Emergency Contact Information

Emergency contact in case we can't reach caregiver:

Name	Relationship to Girl Scout	Phone #
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## Caregiver Permission and Consent to Treatment

\_\_\_\_\_ is in good physical health and has had a physical examination in the past 12 months. Participant has my permission to attend Girl Scout activities and to participate in all activities except those noted. I have read the flier and understand and agree to cooperate with all regulations. I understand that some events that are attended may have a refund policy that will be shared at the time of registration for said event.

**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 Girl Scout may be registered as a Girl Scout member through September 30, 20\_\_\_\_.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that checking this box constitutes a legal signature confirming that I authorize this.

