

Celebrating America June 1-5, 2026 Hickory Hill Camp 2C

Celebrating America

June 1-5, 2026

Hickory Hill Camp

9:00 a.m.-3:00 p.m.

Forms due by
April 15, 2026



Questions?

Contact: Cathy DeZarn, Camp Director at 513.922.4141 or hickoryhillcamp@gmail.com.

girlscouts
of western ohio

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.

We hope you will see the value in this progressive opportunity, and will help keep the history and tradition of the day camp alive by volunteering at camp with your Girl Scout. 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. The training date will be April 28th 6:30 pm at St. Dominic O'Connor Hall.**

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 about 1 week before camp.** For additional questions or concerns, please contact Cathy DeZarn, Camp Director, at 513.922.4141 or hickoryhillcamp@gmail.com. Email is best.

Transportation: Transportation will be the responsibility of the caregivers to and from bus stop. Transportation will be provided by bus and is not optional. Pickup and drop off will be at Rapid Run Middle School. AM drop off approximately 8am and PM pick up approximately 315.

Directions to camp: Camp is located in Delhi. All participants are bused to location.

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, water to drink and a cup or water bottle daily unless otherwise notified.

Clothing: Proper dress for the weather is necessary. No halters or sandals. Wear sturdy shoes, socks and head cover and bring rain gear. Camp is not cancelled because of rain, only severe weather.

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 October. 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.

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In Partnership With:



Activity Costs:**COST includes program, patch, t-shirt and transportation for all Girl Scout campers.**

Boys/Pixie (t-shirt not included but may be purchased for \$10)	\$0
Girl Scout Daisies/Brownies (Grades K–3) t-shirt included	\$ 70
Girl Scout Juniors (Grades 4–5) t-shirt included	\$ 70
Girl Scout Cadettes (Grades 6-7) t-shirt included	\$70
Girl Scout Program Aide Training (Grades 7-12) t shirt included	\$ 70
PA (grade 8-12) Must have prior training by council or camp included)	\$35 (t-shirt included)
Cost of Girl Scout of full-time volunteer (five days)	\$ 35
Membership fee for non-registered girls and adults (Must register online)	\$45
<i>(All girls and adults participating in camp must register as Girl Scouts.)</i>	
Optional: T-shirts for volunteers, pixie or boy attending	\$10

Make checks payable to Girl Scouts of Western Ohio. Complete the registration, additional information and release forms and return with payment to: **Lori Thai, 5808 Countryview Terrace Cincinnati, OH 45233**. If dropping off, place in mailbox by front door, not street. **DO NOT** send registrations to 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.

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 \$35 (50 percent) of the day camp fee. Please include payment for the total amount your family can pay with the registration form. Optional T-shirt cost cannot be paid for with financial aid.

Digital Dough: Digital Dough can be used to cover cost of camp. Please check balance and include tracker number on form. Redemption form must be completed on website. www.gsw.org

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 end of registration.

To request a refund a written request must be received within 3 business days from the start of camp to:

Cathy DeZarn
276 Anderson Ferry
Cincinnati, OH 45238

Camper's Name: _____ Phone: _____

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

School: _____ Grade in Fall 2026: _____ DOB: _____ Age: _____

Caregiver's Name: _____ Phone: _____

Caregiver's Email: _____

Troop Leader's Name or Troop #: _____ Service Unit Name or #: _____

Girl Scout level Daisy Brownie Junior Cadette Senior Ambassador

Units: Please mark choice of unit for child

- Boys (only children of volunteers) will be available pending adult leader
- Girl Scout Camper
- Girl Scout Camper of volunteer
- Girl Scout Cadettes (Grades 6) (7-8 if not interested in PA training)
- Program Aide (Grades 8 and up) already trained
 - I have taken or intend to take Program Aide Training. Date: _____
- Girl Scouts PA in training must be grade 7 or higher (will be held based on interest and staff availability)
- Pixies (preschool-only children of volunteers) must be potty trained and pending unit leader available

Unit (NOT BUS) Buddy's Name _____

Car Pool Name _____

T-Shirt Sizes: Youth OR Adult SM MED LG XL

(Be sure to indicate youth or Adult size)

Bus stop is Rapid Run Middle School (Times 815/315 approximately)
Register at www.gsw.org/join if not currently registered. This is girls and adults.

Financial Assistance: You can request up to 50% of fee. Amount awarded will be sent to you and camp director.
<https://www.gsw.org/en/get-involved/join/financial-assistance.html>

Digital Dough: Verify amount available and include tracker number for verification by camp. Please request to use through digital dough redemption form at www.gsw.org

I give full permission for my daughter/son to attend day camp and participate in all phases of activities, except those noted. I have read the Day Camp flier and agree to cooperate with the guidelines listed. 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: _____

TOTAL FEES	
Camper Fee (includes T-shirt) 70	\$
Camper of volunteer (includes t-shirt) 35	\$
Program Aide (already trained) 35	\$
Pixie or boy T-shirt (optional \$10)	\$
Digital Dough amount being used	\$
TRACKER NUMBER:	
Financial aid requested	\$
TOTAL PAID	\$

Mail completed Registration form, Additional Information, Release and Health Form and Photo Release with fee to:
 Lori Thai
 5808 Countryview Terrace
 Cincinnati, OH 45233

Registrations will be accepted until APRIL 15. 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 caregivers who are volunteering. Check made to GSWO

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 #
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Name	Relationship to girl	Phone #
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Medical Information

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

Name _____ DOB _____

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 accommodation required? If yes, please explain: _____

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

Allergies and/or dietary modifications: _____

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 is registered as a Girl Scout member through September 30, 2026.

Caregiver Signature: _____ Date: _____

Release Form - Minor

Photo Release For Minors



Date(s): Monday-Friday, June 1-5, 2026 Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Camp 2C Celebrating America Location: Hickory Hill Camp

Activity: Camp is a great way for girls to explore leadership, build skills and develop a deep appreciation for nature.

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): _____

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: _____

05-9001-02/2022

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In Partnership With:



We need your help! Our day camp is staffed entirely by adult volunteers. A Girl Scout background is not necessary. Training, which will prepare you for your role at day camp, is mandatory. Childcare is available at a nominal fee for our adult volunteers while they are at camp. Your non-Girl Scout children, ages 2 (toilet trained)–12, may attend camp in their own units. Children of unit leaders working three to five full days will receive a reduced rate on their day camp fees.

All unit leaders must complete this form, as well as the Adult Registration, Health History and Photo Release forms found in this packet. You will be asked to complete a Girl Scouts of Western Ohio Volunteer Application, a background check and become a registered member of Girl Scouts if you are not already an approved Girl Scout volunteer.

Ways adults can help:

- Adults are needed as unit leaders. Unit leaders will have fun with girls, while taking part in exciting camp activities some that are pre-planned by administrative staff volunteers. They will also have the opportunity to assist girls in decision making, as campers plan their unit activities for the week. Unit leaders must attend training, which will prepare them for their role at camp (see below). Priority registration is provided to children whose parent/caregiver volunteers as a unit leader all week.
- We also need administrative help and first aider. (Nurse, EMT, Physician)
- **MOST IMPORTANTLY WE NEED HELP WITH CAMP CLEAN UP**
Camp clean-up will start in late April/May (most weekends) Final clean up will be memorial day weekend (weather permitting). Anyone available with the ability to cut a large meadow, please contact camp director. We need help clearing trails. Bring rakes, shovels, chain saw, gloves, etc.



Volunteer's Name: _____

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

Email _____ Phone: _____

Are you a registered Girl Scout? Yes No Are you a leader/assistant leader? Yes No

Troop #: _____ Troop Grade Level in Fall: _____ Service Unit Name/#: _____

- or -

Check box if not currently registered as a Girl Scout. All adults must be registered as Girl Scouts to attend day camp. (Please register online at www.gsw.org) Directions will be given on completion of background check.

Please indicate what age level you would like to work with _____

Please indicate any adult you would like to work with _____

I would like to be with my daughter Yes No Daughter name _____

T-Shirts: Shirts cannot be returned or exchanged. If in doubt, order the next larger size. T-shirts are optional. Adults working who want a T-shirt, should send \$10 with their camp registration.

Sizes: Adult: Small Medium Large X-Large XX-Large XXX-Large

Bus stop:

Rapid Run Middle School. (8:15/3:15)

Registrations will be accepted postmarked until **April 15, 2026**. Please send in as soon as possible to ensure placement. **Do not send camp registrations to the Girl Scout Center. Mandatory training April 28th 6:30 pm at St. Dominic in O'Connor Hall**

TOTAL FEES (payable to GSWO)	
Adult T-shirt (optional \$10)	\$
TOTAL	\$

**Mail completed Adult
Registration Form, Adult
Medical History Form and Photo
Release with fee
(if applicable)
to: Lori Thai
5808 Countryview Terrace
Cincinnati, OH 45233**



Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Insurance company _____ Insured Name _____

Group # _____ ID# _____

Emergency Contacts:

Name _____ Relationship to Participant _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Work phone _____

Please list any conditions that a first-aid or health provider would need to know.

Allergies:

Medications currently taking:

Chronic illnesses, injuries, or limitations:

My Immunizations are up to date: Yes No

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 _____ Date _____



Release Form - Adult

Photo Release For Adults



Date(s): Monday-Friday, June 1-5, 2026 Photographer/Producer: Girl Scouts of Western Ohio Assignment: Camp 2C Celebrating America Location: Hickory Hill Camp

Activity: Camp is a great way for girls to explore leadership, build skills and develop a deep appreciation for nature.

RELEASE FOR ADULTS

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, 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: _____ Date: _____

Name (please print): _____

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

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

Email Address*: _____

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

Region: _____ Troop#: _____ Service Unit: _____

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