



*Where every scout writes her own story..*

**Camper Registration**

**Volunteer Day Camp 5D**

**Wednesday, June 17 through Saturday, June 20, 2026**

**Auglaize County Fairgrounds**

**1001 Fairview Drive, Wapakoneta, OH 45895**

Wednesday and Thursday 1:00 - 5:00 p.m.

Friday 5:00 p.m. with overnigher to Saturday 9:00 a.m.

Registration Deadline: May 25, 2026

Dear Parent/Legal Guardian:

Thank you for your interest in sending your Girl Scout to day camp! At camp, girls will have the opportunity to try new things in a fun, safe and nurturing environment. They will discover their values and talents through a variety of outdoor activities. Girls will learn new skills and create new memories that will stay with them long after day camp is over.

At day camp girls will learn to live by the Girl Scout Law. 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 see the value in this progressive opportunity for your Girl Scout and will help keep the history and tradition of day camp alive.

Our camp theme this year is Fairy tale; Where every scout writes her own story! Let your imagination soar as we explore our own storybook world through crafts, game play and activities. We'll end the week with a Royal Ball, including visits from local queens and princesses!

Detailed information and instructions will be sent in a confirmation packet after you have registered. For additional questions or concerns, please contact the day camp director.

#### Day Camp Administrative Staff:

Site and Program Director:	Bobbi Donovan	419.996.9271	bobbidonovan@gmail.com
Business Director:	Christina Sunderland	567.356.1096	sunderlandchristina@yahoo.com
Culinary Director:	Amy Wagner	419.303.9318	amy.wagner615@gmail.com
Secretary:	Laura Little	937.479.4824	llittle12934@gmail.com
First Aiders:	Stacie Mullins	567.204.0603	stac_03_1999@gmail.com
	Jaime Miller	937.418.3519	bugvball10@aol.com

#### Adult Volunteers Are Always Needed:

Program Aide led day camps are run by a dedicated team of specially trained Cadette, Senior and Ambassador Girl Scouts who work year round to make this enriching opportunity possible for girls. Adult volunteers are needed to help offer support at camp and to ensure the appropriate Adult-to-Scout ratio. Without the support of volunteers, camp is not possible. A troop must have a volunteer representing daily. A background in Girl Scouting is not necessary.

All Adult volunteers are required to have a current Girl Scout membership and updated background check. A background check needs completed once every 3 years. **Adults who do not have a current background check will not be permitted to volunteer. Training is mandatory for ALL volunteers.** The training date is listed in the Adult Registration form. Let your troop leader know to forward you an application to print and mail in.

#### Becoming a Girl Scout:

Sign up to be a Girl Scout online at [www.GSWO.org/join](http://www.GSWO.org/join). You can register through September 30, 2026 or through September 30, 2027; pricing available online

#### Day Camp Fee includes: T-shirt, patch, crafts, activities, food

Girl Scout Daisies/Brownies (grades K-3)	\$ 50
Girl Scout Juniors (grades 4-5)	\$ 50
Girl Scout Cadettes (grade 6)	\$ 50
Girl Scout PAs (CSA grades 7-12)	\$ 60
Volunteer	\$ 5
Tagalongs Boy or Girl (eating only)	\$ 5
T-shirts for a volunteer attending (optional) each	\$ 15
Plus Size shirts XXL and XXXL for camper or volunteer (add for each)	\$ 4
<b>Late Registration Fee (if applying May 26 – May 31, 2026)</b>	<b>\$ 5</b>
<b>Make Checks Payable To: "GSWO Wapakoneta Day Camp 5D"</b>	

**Camper Registration**  
**Where every scout writes her own story...**  
**Girl Scout Day Camp 5D: 2026**

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 and Troop #: \_\_\_\_\_ Service Unit #: \_\_\_\_\_

Camper is a: →Current, registered Girl Scout   →Re-registering Girl Scout   →New Girl Scout

Units:   →Girl Scout Daisies (Grade K-1)      →Girl Scout Cadette (Grades 6-8)  
          →Girl Scout Brownies (Grades 2-3)      →Girl Scout Seniors/Ambassadors (Grade 9-12)  
          →Girl Scout Juniors (Grades 4-5)      Buddy's Name: \_\_\_\_\_

T-Shirt Sizes for Camper:      Youth Size      →Small   →Medium   →Large  
    Adult Size      →Small   →Medium   →Large   →XL   →XXL

**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.

**Membership Fee:** All campers must be registered Girl Scouts. To join Girl Scouts, the fee is an additional \$45 for membership through September 30, 2026. Register as a new Girl Scout member at [gswo.org/join](http://gswo.org/join).

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

→ 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.

New Girl Scout Membership Fee (if applicable) → Joined & paid online	
Add - Day Camp Fee	\$
Add - Plus size T-shirt fee (if applicable)	\$
Add - Late Registration Fee (May 26-31, 2026)	\$
Subtract - Financial Assistance Amount Requested	\$
Subtract - Digital Dough Digital Dough #:	\$
Total Due	\$

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

Date: \_\_\_\_\_

<p><b>Mail completed Camper Registration Form, Camper Release and Health History Form and Code of Conduct Form with payment to:</b>          Laura Little          12934 Ashburn Rd.          Wapakoneta, OH 45895</p>	<p>Registrations will be accepted until May 31, 2026.          A \$5 late fee applies to any registrations received after May 25, 2026.          Girls will be accepted on a first come, first serve basis based on the number of volunteers available and according to postmark. Priority will be given to girls with caregivers who are volunteering.</p>
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## *CAMP CODE OF CONDUCT*

I, \_\_\_\_\_ (Camper's name), understand that my attitude and behavior are critical to my success and the success of others during camp. Therefore, for the good of all, I agree to abide by the following:

1. I will try to be sensitive to the needs of each of my fellow campers by performing my assigned duties, including but not limited to unit kapers, all-camp kapers, mealtime cleanup, participating in all camp activities, etc.
2. I will respect the places and the people with whom I come in contact.
3. I understand that the use of profane language is prohibited.
4. I will be responsible for my personal belongings and equipment and will not hold Girl Scouts of Western Ohio or any other outsider responsible for the loss or damage due to my negligence or neglect.
5. I will treat equipment provided by Girl Scouts of Western Ohio, or any other person, with care.
6. I will use any safety equipment furnished by Girl Scouts of Western Ohio for my own protection.
7. I understand that I will be sent home for any and all acts of physical aggression (including hitting, kicking, biting, hair pulling) and threats or intimidation of physical injury.
8. I understand that the use of alcohol, tobacco or drugs is prohibited. I understand that if I do not abide by this rule, I will be sent home.
9. I understand that if I do not abide by the guidelines listed above, the camp director will notify my caregivers, and I will be sent home. I also understand that if I am sent home early due to misconduct, I will not receive a refund.

**This form must be signed by both the camper and the caregiver.**

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date

I have read and understand and agree with the above responsibilities of my camper.

\_\_\_\_\_  
Caregiver's Signature

\_\_\_\_\_  
Date

## Camper Release and Health History Form

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 \_\_\_\_\_

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: \_\_\_\_\_

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 #

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, 2026.

Caregiver Signature:

Date: