

Camp Timewarp

Day Camp 7A

Camp Timberhill

Monday - Friday July 6 - 10, 2026

At Timberhill Metropark

Registration opens: March 1, 2026

Registration deadline: Sunday June 15, 2026

Questions??

Contact: Jenni Kim (camp director) 513-407-0838

or email: niihkadaycamp@gmail.com

girl scouts 
of western ohio

Dear Caregiver:

Thank you for your interest in sending your Girl Scout to our 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 the 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. The number of spots available for campers is dependent on the number of volunteers we get to help out at camp, so please consider volunteering. *If spots for campers or PAs are limited, priority will go to people who have agreed to volunteer.* A background in Girl Scouting is not necessary. Volunteers are asked to complete a volunteer application, be a registered Girl Scout, complete a background check, complete the youth protection training, and attend camp training to prepare for their role at camp. This camp also needs assistance with carpooling. If you would be willing to be a carpool driver, please let us know on the registration page. If you need assistance with getting your child to camp, please reach out to Jenni Kim, and please make a note on the registration page. There will be a short training session for all adult volunteers. The time and date will be determined at a later date. **All adult volunteers are expected to attend this camp training.** Please contact Jenni Kim (513) 407-0838, if you have any questions about volunteering or this training.

There will be an expectations/training meeting for PAs, the time and location for this meeting will be determined at a later date. **This meeting is mandatory for all PAs** unless you have prior arrangements with Katy Luebbe (513) 515-4206.

******If a girl is struggling to meet the requirements of fulfilling duties as a PA, camp staff reserves the right to make the decision to relocate that girl to the CSA unit. The girl's eligibility to be a PA will be revisited the following camp year.******

Below you will find basic information about the day camp. Detailed information and instructions will be sent in a confirmation packet after you have registered. For additional questions or concerns please contact Jenni Kim (camp director) at 513-407-0838 or by email at niihkadaycamp@gmail.com.

Transportation will be the responsibility of the caregivers. If you can provide transportation for a carpool or need help from one, please contact the camp director and we will try to help.

Camp is located at Timberhill Metropark, 5400 Timberhill Drive, Hamilton, Ohio 45011. This is off Route 4, between bypass 4 and Liberty Fairfield Road.

Clothing: Proper dress for the weather is necessary. **NO halters or sandals.** Wear sturdy shoes, socks, and bring rain gear. A separate pair of shoes for creeking will also be needed. Camp is NOT canceled because of rain.

Food: Each camper needs to bring a sack lunch, drink and a full water bottle daily unless otherwise notified.

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 child 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 child's Health History form and pointed out during check in.

Insurance: Every registered Girl Scout and registered adult is automatically covered under the basic plan by Girl Scouts of the USA. The plan is effective from October to the following October. This insurance provides up to the 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 insurance pays out.

Activity Costs:

Boys: Age 6 - 12 (T-shirt included)	\$80
Boys: Age 6 - 12 of 5 day volunteers (T-shirt included)	\$70
Tagalongs: Age 3 - 5 children of 5-day volunteers (T-shirt included)	\$45
*****MUST BE POTTY TRAINED*****	
Girl Scouts: Daisies, Brownies, Juniors, CSA Unit (T-shirt included)	\$80
Girl Scouts: Daisies, Brownies, Juniors, CSA Unit of 5-day volunteers (T-shirt included)	\$70
PAs/LPAs: Grade 7 - 12 that are not in the CSA Unit (T-shirt included)	\$35
T-shirt for volunteers 3 days or less or extra shirts (optional)	\$10

(All GIRLS and ADULTS participating in camp must be registered as a Girl Scout. All adults must have a current background check)

Membership fee for non-registered girls and adults This is not included in camp fee	\$45 (girls)
(contact customer care to register 888-350-5090 or gswo.org/join .)	\$30 (adults)
****registration must be paid to council and not to daycamp staff****	

Make checks payable to Girl Scouts of Western Ohio. Complete the registration packet along with any release forms and return with payment to **(Sandy Combs, 31 Irene Ave., Hamilton, Ohio 45011) DO NOT send registrations to the Girl Scout Center.** All registrations sent to Girl Scout centers will be forwarded to the appropriate day camp on a weekly basis and may cause your camper 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 50 percent (\$40) of the day camp fee. Please include payment for the total amount your family can pay with the registration form. Instructions for applying for financial aid are included on the next page.

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; a refund will be sent within 4 weeks of registration.

(To request a refund, send a written request within 10 business days from the end of camp to):

Sandy Combs 31 Irene Ave. Hamilton, Ohio 45011

VDC 7A Camper Registration Form
Camp TimeWarp July 6 - 10, 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 or Troop #: _____ S/UName or #: _____

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

Units: **(Put a check next to grade going into in the Fall**

- | | |
|---|---|
| <input type="checkbox"/> Boys (age 6-12)
<input type="checkbox"/> Tagalongs (must be potty trained)
<input type="checkbox"/> Girl Scout Daisies (Grade K-1)
<input type="checkbox"/> Girl Scout Brownies (Grades 2-3)
<input type="checkbox"/> Girl Scout Juniors (Grades 4-5) | <input type="checkbox"/> Girl Scout CSA's (Grade 6-12) (Cadettes, Seniors, and Ambassadors will all be in one unit unless they are a PA or LPA)
<input type="checkbox"/> Program Aide (Grades 7 and up) (must have done the PA training) |
|---|---|

T-Shirt Sizes (**circle A or Y and size**): YOUTH ADULT SM MED LRG XL XXL XXXL

(if you are a new Girl Scout or need to re-register please call Customer Care at 888-350-5090 or go to gswo.org/join to submit membership fee and activate membership in Girl Scouts. You MUST be a registered Girl Scout in order to attend day camp

Camp Registration	
Day Camp Fee	\$
T-shirt fee <i>(Optional)</i>	\$
Digital Dough	- \$
Financial Assistance Amount Requested	-\$
TOTAL Due	= \$

DIGITAL DOUGH: To use your digital dough; please use this form to request the use of your digital dough to pay for registration. Once the request has been processed, council will inform the business director.

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. Apply for assistance here by filling out this form. Once the request is processed by council, the business director will be notified.

Willing to be a carpool driver: ___ Yes ___ No I need assistance with transportation to camp: ___ Yes ___ No

I give full permission for my child to attend day camp and participate in all activities, except for 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 and payment to Sandy Combs 31 Irene Ave. Hamilton, Ohio 45011 (513)3172906	Deadline: Registrations will be accepted from March 1, 2026 through June 15, 2026 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.
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Campers Code of Conduct

I, _____(campers name) understand that my attitude and behavior are important to my success and the success of others during camp. I will follow the Girl Scout Promise and Law and agree to the following:

1. I will be sensitive to the needs of my fellow campers by performing my assigned duties including unit and camp kapers and participate in all camp activities
2. I will respect the spaces and the people at camp.
3. I will be responsible for my personal belongings.
4. I will treat equipment and people with care.
5. I will use any safety equipment provided for my own protection.
6. I understand that I will be sent home for any and all acts of physical aggression (including hitting, kicking, biting, hair pulling) and threats of intimidation of physical injury.
7. I understand that the use of bad language is not allowed.
8. I understand that the use of alcohol, tobacco (including vaping) or drugs is strictly prohibited.
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 and must be returned with the camp registration or brought to camp on the first day.

Camper's

Signature _____ Date _____

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

Caregiver's

Signature _____ Date _____

Participant Release and High Risk Form

This form must be completed by all participants (girls and adults) and returned with registration or brought to camp on the first day. Please check all the activities that apply and sign the form on the back

<The purpose of this form is to inform caregivers of the risk and to provide the opportunity for both their own evaluation of their participants readiness for the activity and the reinforcement with their participant of the skills and behavior necessary to safely participate in the activity.>

Participant name _____ Grade: _____ Age: _____ Troop # _____

Name and Date of session/event: _____ Daycamp 7A Camp Timewarp July 6-10,2026 _____

Does this participant have any physical and/or mental conditions, problems, and/or disabilities which may require accommodation or affect her safety and ability to participate in the activity?

YES NO (circle your answer) if "yes" please describe below.

TRANSPORTATION PERMISSION

My girl has my permission to participate in off camp activities as described in the program activity description. My girl may also be transported to medical facilities/appointments if the need arises. I understand that she will be transported in a camp vehicle designated for passengers.

MEDICAL RELEASE PERMISSION

My girl is in good physical condition and has not had any serious illness or surgery since her last health examination. In case of an emergency, when I cannot be reached, I give permission for her to be treated by a qualified physician at the nearest hospital.

HIGH RISK ACTIVITY RELEASE

I understand that if it is included in the description of my girl's camp session or program event, she may be participating in activities on and off camp property that are considered high risk. I feel that my girl is developmentally ready, both physically and emotionally, and possesses the skills needed to participate in all day camp activities. I have discussed with my girl the importance of following safety guidelines, while participating in high risk activities.

These are the high risk activities that may take place at camp. Check all that your girl is allowed to participate in and sign the bottom of the form.

_____ Horseback Riding

_____ Canoeing/Kayaking

_____ Climbing Wall

_____ Archery

_____ Other _____

Please read carefully before initialing and signing. Serious physical or psychological injury may result from your participation in this activity. Girl Scouts of Western Ohio does not guarantee your safety

Write Initials Below After Reading Each Section

Caregiver must also initial for minors

____/____ I understand that my participation in this activity is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging and teaching techniques, but that my participation is purely voluntary. At all times, I will choose my level of participation in any activity. I have read the full value contract below and agree to follow guidelines as presented.

____/____ I understand that climbing high courses, low challenge courses, ground initiatives, zip line and other activities in the program for which I and/or my child have enrolled, entail risk. I elect to participate, or allow my child to participate in spite of these risks.

____/____ Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the Girl Scouts of Western Ohio, and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

____/____ I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon parties during the entire period of participation in the said program.

____/____ I grant the Girl Scouts of Western Ohio, and persons acting through them, the right to use, reproduce, and/or distribute photographs, films, videotapes and sound recordings of myself or my child in materials they may create.

FULL VALUE CONTRACT

The Full Value Contract is a set of agreements designed to help groups create a positive, creative and safe learning environment. While particular groups may choose to add to this list, the basic tenets of the Full Value Contract that all participants are expected to uphold include the following:

- **BE SAFE:** Adhere to the safety guidelines so you are able to relax and feel comfortable.
- **BE COMMITTED:** Be present mentally, physically, and emotionally to achieve group's goals
- **BE RESPECTFUL:** Respect yourself and others, the instructors and the equipment.
- **CHALLENGE BY CHOICE:** You select the level of challenges you are willing to experience.
- **HAVE FUN:** You should balance fun and working to achieve goals.

By signing below, all participants and caregivers acknowledge they have read, understand, and agree to the terms of this document. One form per participant must be filled out. At least one caregiver must sign.

SIGNER STATEMENT OF AWARENESS

I/We, the undersigned, have read and do understand the foregoing type of activity, the risks of participation and warnings. I/We further attest that all facts relating to the participant's physical condition and age are true and accurate.

Signature of Participant

Participant printed name

Signature of Caregiver #1

Phone #

Date

Signature of Caregiver #2

Phone #

Date



Girl Additional Information, 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 girl will only be released to the people below with proper ID.

Name	Relationship to Girl	Phone #

Name	Relationship to Girl	Phone #

Name	Relationship to Girl	Phone #

Will your child be riding home with a person that is volunteering at camp? YES NO (please make sure they are listed above and that camp staff knows this information)

Medical Information:

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

Name: _____ DOB: _____

Height _____ Weight _____

Date of last injection. If this information is not available but was given as a child write C in the space

DPT _____ Measles/Mumps _____ TB _____ Polio _____

Tetanus _____ Hepatitis _____

Are medications currently being taken? Yes No

Please specify and list medications (*medication must be in original container with written instructions and given to the Health Supervisor or Camp Director on the first day of camp*)

_____ ;

Im

For LPA's and PA's only: Can OTC medication (such as Tylenol) be given to your daughter by the first aider?

Yes No

Are there any special needs or accommodations required? Yes No (*If yes.. Please specify*)

Are there any known behaviors and/or emotional problems? Yes No (*If yes.. Please explain*)

Are there any known allergies? Yes No (If yes.. Please list)

Are there any dietary restrictions? Yes No (If yes.. Please list)

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

Yes No (If No.. Please specify)

Physician's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Preferred Hospital: _____ ER Phone #: _____

Insurance Information:

Is the participant covered by family medical/hospital insurance? Yes No (If yes.. Complete the following)

Carrier or Plan Name: _____ Group #: _____

Name of Insured: _____ Relationship to participant: _____

Insurance ID number or policy holder social security number: _____

Emergency Contact Information:

Emergency Contact in case we cannot reach a caregiver. (These names should be someone other than parents or caregiver)

Name	Relationship to Girl	Phone #
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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.

Caregiver Signature

Date

Date(s): Monday-Friday, July 6 - 10, 2026

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Day Camp 7A Camp TimeWarp

Location: Timberhill Metro Park, 5400 Timberhill Drive Hamilton, Ohio 45011

Activity: Building girls of courage, confidence, and character, who make the world a better place

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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 "Release"), 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 Releases 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: _____

VDC 7A Adult Registration Form

Camp TimeWarp July 6 - 10, 2026

Volunteer's Name: _____ Camp Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone#: _____

All unit leaders must complete this form, as well as the Health History and Photo Release forms found in this packet. Adults are needed as unit leaders. Unit leaders will have fun with girls, while taking part in exciting camp activities that are pre-planned by administrative staff volunteers. Unit leaders must attend training, which will prepare them for their role at camp. Priority registration is provided to children whose parent/caregiver volunteers as a unit leader all week. Training for adult volunteers will be communicated to volunteers once a date and location have been determined. **You must be currently registered and have an up to date background check.**

Volunteer is a: Currently registered Girl Scout Re-registering Girl Scout New Girl Scout
(If adult is not currently a registered Girl Scout member, you must register at gswoweb.org/join for \$30 and a background check)

Are you a leader or co-leader? Yes No Are you willing to be a carpool driver? Yes No

If you will be transporting girls home after volunteering please list those names here (you must be on the girls pick up list) _____

Troop #: _____ Troop grade level in the fall: _____ Service Unit Name/#: _____

Do you have any camping experience? Yes No Are you FA/CPR trained? Yes No

I would like to be a unit leader and work with: (circle one)

*Daisies (gr K-1) *Brownies (gr 2-3) *Juniors (gr 4-5) *CSA (gr 6-12 that are not PA/LPA)

*Boys (age 6-12) *Tagalongs (age 3-5 potty trained) *My daughter's unit *wherever I am needed

My availability is: All 5 days or days available _____

Please use the following link to Sign Up Genius to inform us of your availability.

<https://www.signupgenius.com/go/20F0B48A4AA23A75-62665463-camp>

An adult at camp I would like to work with (name): _____ Name of the Girl Scout attending with me: _____

T-shirt size: Small Medium Large X-Large XX-Large XXX-Large

(A t-shirt plus \$10 off of camper registration for 5- day volunteers, 4 day volunteers will receive a t-shirt. Any other volunteers can purchase an optional t-shirt for \$10 please send payment with registration. Special requests will be extra!) Make checks payable to GSWO

Adult T-shirt (optional)	\$
Total	\$

Registrations will be accepted from 3/1/2026 - 6/15/2026

Mail completed registrations to:

Sandy Combs, 31 Irene Ave., Hamilton, Ohio 45011

***All adult volunteers are required to have a current Girl Scout membership and updated background check. Register and pay for your Girl Scout membership at gswoweb.org/join or contact customer care at 888-350-5090. Membership with a volunteer role will trigger an emailed criminal background check that needs completed once every 3 years. ADULTS WHO DO NOT HAVE A CURRENT BACKGROUND CHECK WILL NOT BE PERMITTED TO VOLUNTEER**

Signature

Date

Volunteer's Code of Conduct

I, _____(volunteer's name) understand that my attitude and behavior are important to my success and the success of others during camp. I will follow the Girl Scout Promise and Law and agree to the following:

1. I will be sensitive to the needs of my fellow volunteers and campers by performing my assigned duties including unit and camp kapers and participate in all camp activities
2. I will respect the spaces and the people at camp.
3. I will be responsible for my personal belongings.
4. I will treat equipment and people with care.
5. I will use any safety equipment provided for my own protection.
6. I understand that I will be sent home for any and all acts of physical aggression and threats of intimidation of physical injury.
7. I understand that the use of bad language is not allowed.
8. I understand that the use of alcohol, tobacco (including vaping) or drugs is strictly prohibited.
9. I understand that if I do not abide by the guidelines listed above, the camp director or other camp staff may take further actions, that may result in me not being able to volunteer at day camp. I also understand that if I am asked not to volunteer, my camper (if applicable) will NOT receive a refund if I choose not to send them back to camp.
10. I will limit my cell phone use to personal emergencies, camp business, and camp Photos.
11. I understand that the LPAs/PAs are in charge of running activities and I will only step in if asked.

This form must be signed by the volunteer and must be returned with the camp registration or brought to camp on the first day.

Volunteer's

Signature _____ Date _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Physician's Name _____ Phone _____

Physician's Address _____ City _____ State _____ Zip _____

Dentist's Name _____ Phone _____

Preferred Hospital _____ ER Phone # _____

Insurance Information:

Carrier or Plan Name: _____ Group #: _____

Name of Insured: _____ Relationship to participant: _____

Insurance ID number or policy holder social security number: _____

Emergency Contacts:

Name Relationship Phone #

Name Relationship Phone #

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

Allergies (list the allergy and what a reaction looks like, and first aid/treatment your physician recommends)

Medications, dosage, and frequency:

Are you First Aid and CPR trained? Yes No

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: _____

Photo Release Form - Adult

Date(s): Monday-Friday, July 6-10, 2026

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Day Camp 7A Camp TimeWarp

Location: Timberhill Metro Park, 5400 Timberhill Drive Hamilton, Ohio 45011

Activity: Building girls of courage, confidence, and character, who make the world a better place

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 "Release"), 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 Releases 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 (please print): _____

Signature: _____

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: _____



Information for PAs ONLY

On Wednesday night we will have our usual PA party just like last year you are invited to spend the night. The PA party will still be the usual time from 4p-9p. During this time you are welcome to do crafts, go creeking, hang out, and just chill with each other. After 9p, you are welcome but not required to stay the night and you will be picked up AFTER camp on Thursday at the normal 4:30 time.

TIME: No overnight 4p-9p; spending the night Wednesday @4p until 4:30p on Thursday.

COST: It is included in your registration fee

What is provided:

- Pizza, chips, drinks for dinner Wednesday
- Any craft supplies that are extra
- Breakfast TBD for Thursday

What to bring if you spend the night:

- Lunch for Wednesday AND Thursday
- Sleeping bag/blanket
- Pillow
- Pj's
- Outfit for Thursday (shirt, shorts, socks, underwear, bra)
- Toothbrush/toothpaste/mouthwash
- Hair brush
- Deodorant
- Shampoo/conditioner/bodywash (if you plan to shower)
- Towel (if you plan to shower)
- Phone charger
- Fan (if wanted, it does get hot in the lodge, but we will have some that LPAs bring)
- Air mattress/cot (we do have bunk beds, but will probably be a top bunk, if you prefer to bring an air mattress please do bring it)
- Any additional snacks or drinks you might want
- Medication if needed

TO BE FILLED OUT FOR PAs ONLY!!!!

Permission slip
(if spending the night on Wednesday)

Girls Name (first and last) _____

Date of Birth: _____

Emergency Contact:

Name (first and last) _____

Phone number _____

Name (first and last) _____

Phone number _____

Allergies/medical conditions/physical limitations that we need to be aware of:

Does your child take any medication(s) that would need to be given at camp?

_____ YES _____ NO

** If you answered yes to previous question please answer the following:

Name of medication(s) and dosage:

Time to give give medication(s): _____

Is your child CPR/FA trained? (not required, just helpful info) ___ YES ___ NO

Please note by signing the following you understand that your child will be spending the night on Wednesday July 8, 2026 and can be picked up after camp on Thursday. In the event of an emergency and we have to evacuate the camp, we will reach out to the contacts above to come and pick up the child.

Parent Name (print please) _____

Parent signature: _____

Date: _____