Wonderful World of Day Camp

Day Camp 5B
June 12-16, 2017
Kathryn Stagge Marr Community Park
9:00 AM to 3:45 PM

Adult Registration Packet
Registration Opens: Saturday, April 1, 2017
Registration Deadline: Sunday, April 30, 2017
Registration Drop-Off/Questions–see page 4
Adult Trainings–see page 4
**Adult Volunteers Needed:**
Day camp is staffed entirely by adult volunteers. Volunteer-led day camps are run by a dedicated team of specially trained volunteer directors who work year round to make this enriching opportunity possible. Each camp recruits and trains their own volunteers to help lead units, activities, and offer support at camp. We welcome moms, dads, aunts, uncles, grandparents and other adult friends to volunteer; without the support of volunteers, camp is not possible. A background in Girl Scouting is not necessary.

To make life easier on the volunteer, units for non-Girl Scout children are available at a nominal fee while our adult volunteers are at camp. Your non-Girl Scout children, ages 2 (toilet trained) to 12, will attend camp in their own units. Girl Scouts of unit leaders working five full days will receive a reduced rate on their day camp fees. *See Camper Registration for details.*

All volunteers must complete the Adult Camp Registration, Health History, Photo Release and Code of Conduct Forms in this packet. If you are not a current approved Girl Scout volunteer, 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. *Training is mandatory for all volunteers.*

Below you will find basic information about day camp. Detailed information and instructions will be sent in a confirmation email after you have registered. For additional questions or concerns please contact the Day Camp Staff by email at DayCamp5Bisfun@gmail.com. Please put Day Camp 2017 in the subject line.

**Directions to camp:** Kathryn Stagge-Marr Community Park is located at 6662 Goshen Road. Traveling from State Route 28, turn south on Goshen Road. The park is located on the left side of the road, almost immediately after passing Goshen Middle School.

**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. Please ensure any allergies are recorded on your Girl Scout Health History form.

**Food:** Lunch will be at the school again this year. See confirmation for updates.

**Clothing:** Proper dress for the weather is necessary. No halters, t-straps, flip-flops or sandals. Wear sturdy shoes, socks and head cover and bring rain gear. Please set a good example for the campers. 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 October. This insurance provides up to a specified maximum for medical expenses incurred because of an accident while a member is participating in an approved Girl Scout activity, after the individual’s primary insurance pays out.
Activity Costs:
Adult registration
No fee
Membership fee for non-registered girls and adults
$15
(All girls and adults participating in camp must register as Girl Scouts.)
Day camp T-shirt and patch
$12 (optional)

In-Person Registration: Thursday, April 20, 2017, 6 to 8 p.m. at Panera, 1066 State Route 28, Milford OH 45150. Come sign-up, ask questions and get help with registration and/or turn in forms and payment.

OR
Make checks payable to Girl Scouts of Western Ohio. Complete the registration, adult medical history, photo release form, code of conduct form and return with payment, by April 30, 2017 to:

Melissa Rutter
1422 Lela Lane
Milford, OH  45150

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.

Confirmation Email: If you have not received a camp confirmation email by May 16, 2017, please contact Day Camp staff by email at DayCamp5Bisfun@gmail.com. Please put ‘Day Camp 2017’ in the subject line.

Refund Policy: Money will not be refunded for the adult T-shirt, patch or Girl Scout Registration.

Training is mandatory. Training dates: Tuesday, May 23, 2017 (in Fellowship Hall) from 6-9 p.m. and Wednesday, May 31, 2017 (in rooms 4/6) from 6-9 p.m. at the Trinity United Methodist Church located at 5767 Wolfpen-Pleasant Hill Road, Milford, OH  45150. You only need to attend one of the two trainings; however, you may come to both if you prefer. All unit leaders must have a valid driver's license and an insured vehicle at camp.

All adult volunteers must complete the Adult Registration, Health History, Photo Release and Adult Code of Conduct 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 leader.

Ways adults can help:

- 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. They will also have the opportunity to assist girls in decision making as campers plan their unit activities for the week. Priority registration is provided to children whose parent/guardian volunteers as a unit leader all week.
- Adults are needed as activity leaders. The activity leaders will run one or more planned activities. These activities could include outdoor cooking, nature hikes, letterboxing, etc. Please include on the registration packet any activities that you feel comfortable leading.

Nature hike: The daisy units (and any other interested units) will be taking a nature hike. The adult facilitator would point out things in nature such as poison ivy, animal habitats, etc.

Letterboxing: The brownie units will be working on compass skills and letterboxing. The adult facilitator would be leading this activity. All supplies will be provided.

Outdoor skills: An adult is needed to teach campers knot tying, fire safety, leave no trace, knife safety, etc. Supplies will be provided.

- Adults are needed to stay overnight with the PAs and Cadette units. The program aides spend the night all week from Sunday evening until Friday evening. We need adults to spend the night to meet adult/girl ratios and so that we can evacuate quickly if necessary.
Adult Registration Form
Day Camp 5B, June 12-16, 2017
Wonderful World of Day Camp

Volunteer’s Name: __________________________ Phone: __________________________

Address: __________________________ City: __________________________ State: _______ Zip: __________________________

Email: __________________________ Cell 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/#: ________ DOB: ________

☐ Check box if not currently registered as a Girl Scout. All adults must be registered Girl Scouts to attend day camp.

(Please submit your $15 registration fee to be a Girl Scout.)

☐ Re-registering Girl Scout  ☐ New Girl Scout

Please select what you would like to do to help with camp. We will try to honor requests but our priority is to fill the spots that are needed to provide camp for everyone. I would like to work with:  □ Daisies  □ Brownies  □ Juniors  □ Pixies  □ Boys  □ Cadettes-LiA (stay overnight Wednesday)  □ Cadettes-PAT (stay overnight Thursday)

I would like to be in my daughter’s unit  □ Yes  □ No

(We recommend that you volunteer in a unit other than your daughter’s unit.)

There is an adult at camp that I would like to work with (name) __________________________

Please rank the following 1-3 with 1 being most important, 2 as second in importance, and 3 being least important to you.

☐ I would like to be an activity leader and lead:
☐ Outdoor cooking  ☐ Nature Hikes  ☐ Letterboxing/Orienteering  ☐ Outdoor skills

I will attend day camp training (mandatory) on:
☐ Tuesday, May 23, 2017 from 6 to 9 p.m.
☐ Wednesday, May 31, 2017 from 6 to 9 p.m.

☐ I can help by being an overnight chaperone on:
☐ Sunday night  ☐ Monday night  ☐ Tuesday night  ☐ Wednesday night  ☐ Thursday night

Dietary preference:
☐ None  ☐ Vegetarian  ☐ Vegan  ☐ Kosher  ☐ Halal  ☐ Other __________________________

T-Shirts: Shirts cannot be returned or exchanged. If in doubt, order the next larger size.

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

Do not send camp registrations to the Girl Scout Center.

<table>
<thead>
<tr>
<th>TOTAL FEES (payable to GSWO)</th>
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<tbody>
<tr>
<td>Registration Fee for non-Girl Scouts $15 (if applicable)</td>
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<tr>
<td>Adult T-shirt /patch (optional) $12</td>
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<tr>
<td>TOTAL</td>
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Mail completed Adult Registration Form, Adult Medical History Form, Photo Release, and Code of Conduct with fee (if applicable) to:

Melissa Rutter
1422 Lela Lane
Milford, OH 45150

gswo.org  888.350.5090  United Way Agency Partner

04-4282-01/2017
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:

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<tr>
<th>Name</th>
<th>Relationship to Participant</th>
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</tbody>
</table>

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.

- [ ] Diabetes
- [ ] Hearing Impairment
- [ ] Bedwetting
- [ ] Convulsions/Seizures
- [ ] Visual Impairment
- [ ] Constipation
- [ ] Heart Defect/Disease
- [ ] Emotional Behavior/Disturbance
- [ ] Menstrual Cramps
- [ ] Rheumatic Fever
- [ ] Sleep Disturbance
- [ ] Nosebleeds
- [ ] Sickle Cell Trait/Disease
- [ ] Ear Infections
- [ ] Motion Sickness
- [ ] High Blood Pressure
- [ ] Urinary Infections
- [ ] Fainting
- [ ] Bleeding/Blotting Disorders
- [ ] Musculoskeletal Disorders
- [ ] 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:

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<tr>
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<th>Year Primary Series Completed</th>
<th>Date of Last Booster</th>
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<tbody>
<tr>
<td>Diphtheria/Whooping Cough/Tetanus (D.T.P.) Tetanus (TD)</td>
<td>__________________________</td>
<td>_____________________</td>
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<tr>
<td>Measles/Mumps/Rubella (MMR)</td>
<td>__________________________</td>
<td>_____________________</td>
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<tr>
<td>Oral Polio</td>
<td>__________________________</td>
<td>_____________________</td>
</tr>
<tr>
<td>Tuberculin Test (Most recent)</td>
<td>Result: ___________________</td>
<td>_____________________</td>
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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

04-4282-01/2017
Date(s): June 12-16, 2017
Photographer/Producer: Girl Scouts of Western Ohio
Assignment: Day Camp 5B June 2017
Location: Kathryn Stagge-Marr Community Park
Activity: Through day camp, you will have the opportunity to try new things and meet new people in a fun, safe and nurturing environment. 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, 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: ____________________________
ADULT CAMP CODE OF CONDUCT

I, ________________________________ (Adult’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 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. This includes leaving my unit unnecessarily or without coordinating with other adult(s) in my unit.

3. I understand that the use of profane language and gestures 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, threats or intimidation of physical injury. I understand this can affect my eligibility for 5B camp next year.

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. There will be a designated smoking area away from any camp activities but we encourage you to refrain from smoking as much as possible. The no smoking policy is in effect during set up, tear down, before and after camp, as well as during camp hours for yourself as well as anyone else that came with you to help.

9. I will arrive on time and not leave before the designated dismissal time unless otherwise coordinated with my other unit leader and day camp staff.

10. I will work with the day camp staff, other adults volunteering at camp, and the PA’s in my unit. I will resolve any issues before or after camp and not in the presence of campers.

11. I understand that if I do not abide by the guidelines listed above, the camp director will notify me, 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.

______________________________  ___________________________
Adult’s Signature                       Date

04-4282-01/2017