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2015 CHECK-IN TIMES

The check-in time for resident camp will be from 2–4 p.m. You may check in your child within this two-hour time frame.

Junior Counselors check-in at 2 p.m. before their internship week. If you are going to be later than 4 p.m. for check-in, please call the camp office.

Please allow 45 minutes to one hour for check-in. We ask for your assistance by being patient as we ensure that your camper is properly checked in.

CHECK-IN PROCEDURES

1. Please allow 45 minutes to one hour for check-in.

2. Families need to bring the following items to the camp office during check-in:
   - All forms completed in full
   - Medications (over-the-counter, prescription and inhaler)

3. Parents will be greeted by staff upon arrival in the parking lot. Staff will give parents directions for unloading baggage and checking in campers at this time.
   - Campers of driving age are not allowed to drive themselves or leave a vehicle on the property. All campers must be checked in by a responsible adult.

4. Unload the campers luggage and place it on the wagon with the sign for her unit. All camper’s luggage will be moved for you.

5. Staff will direct you to park. Once parked, you may load luggage.

6. Proceed to check-in, turn in your forms and visit the nurse for a health screening. See the “Health Screening” section for information on screening procedures and health conditions that may prevent campers from being accepted on check-in day.

7. When finished with check-in, adults are free to walk campers to their units to say goodbye.

OPENING DAY QUESTIONS

The camp director or assistant camp director is available to answer any questions you might have regarding your child’s stay at camp or future stays.

ABSENTEE POLICY

Campers who are registered for camp sessions are expected to arrive at the designated time for drop-off and pick-up. Campers must be checked in and out by individuals listed on the Transportation Card. Parents are asked to notify the camp if a child is ill or will not be attending as expected. Camp personnel are responsible for campers once they complete the check-in process.

No refunds will be given for no-shows. Campers receiving financial assistance who are no-shows are responsible for repaying the amount of financial assistance awarded.

PAYMENT INFORMATION

The balance of your camper’s camp fee, listed on her balance due letter, is due by:

 milhões

Friday, May 22, 2015, for all camps

If fees have not been received by this date, we will assume she is not attending and will give her space to someone on the waiting list. Remember, the $30 deposit ($10 deposit per person for TAC) is non-refundable. If you registered through eBiz, final payments can be made by accessing your daughter’s account. If you registered by filling out a form, you can also pay your balance by accessing your daughter’s account through eBiz. All final payments are due on Friday, May 22, 2015.
2015 CHECK-OUT TIMES

Camp Libbey and Camp Whip Poor Will

Tuesday 5 p.m.  Mini-Sessions (Sunday–Tuesday)
Friday 5 p.m.  All 6-Day Sessions
              Mini-Sessions (Wed.–Fri.)

CHECK-OUT PROCEDURES

1. On check-out day, adults picking up campers will be greeted at the front gate by camp staff. They will direct you to the parking area. After parking, parents can proceed to designated area to present their I.D. and sign the Transportation Release Card. Adults arriving before 4:45 p.m. will not be given entry to the camp grounds early and will be expected to wait at the gate/entrance.

2. Adults picking up a camper must have a picture I.D. that will be checked against the Transportation Release Card. Any adult who is not on the Transportation Release Card (this includes parents) or without proper I.D. will not be allowed to pick up a camper.

3. Once the adult's I.D. has been checked and confirmed, they will be given the signed Transportation Release Card to turn into their camper’s counselor.

4. Adults will be given a packet that will include parent evaluation forms, camp patch and camp photo.

5. Prescription medications must be picked up from the nurse, who will be set up in the pick-up area. Any forgotten medication will be held until Labor Day and then be discarded.

HEALTH SCREENING

Our number one priority is the welfare and health of everyone attending resident camp. Campers must pass all sections of a health screening at check-in. The following is a description of what we look for during health screening, as well as the health reasons campers may be sent home. A camper not accepted will not receive a refund or adjustment to their camp fee.

1. **Head Check**—All campers will be screened for head lice/nits.
   - Girl Scout camp has a no nit policy.
   - Any camper found with nits or lice will be sent home and must be treated by the parents. **The camper will not be allowed to return for the duration of that camping session.**
   - If your child had lice before camp, they must be clear of all nits before they are allowed to stay on property.

2. **Temperature Check**—All campers will have their temperature taken.
   - Any camper found to have a temperature above 99.6°F will be sent home. An elevated temperature may be a symptom of an oncoming illness.
   - Campers sent home for this reason can re-check into camp on Tuesday evening after 6 p.m. They will have to pass the health screening at that time to be allowed to stay.

3. **Observable Injury**—Campers with cuts, stitches or broken bones fall into this category.
   - Campers with an observable injury will need to have a **physician’s release to attend camp.** Campers without a release will not be allowed to stay.
   - All campers with an observable injury must visit the nurse to discuss care for the camper.
4. **Illness or Vomiting**—This includes any child who has been under a physician’s care for a period of time or has been to a physician/emergency room and is taking prescription medication for an illness.
   - Campers with a severe illness will need to have a **physician’s release to attend camp**. Campers without a release will not be allowed to stay.
   - Children taking a prescription medication for an illness must have been taking this medication for 48 hours prior to check-in.
   - A child who is sent home for an illness or vomiting can re-check into camp on Tuesday after 6 p.m. They will have to pass the health screening at that time to be allowed to stay.

5. **Medications (prescription and over-the-counter)**
   - All prescription medication, inhalers, EpiPens and over-the-counter medication must be brought to check-in.
   - All medications will need to be checked in with the nurse on duty. They will discuss correct dosages and times it will be dispensed to ensure proper medication.
   - We encourage parents not to send over-the-counter medicine with a camper, as our health center is well stocked and medicine is only distributed according to medical protocols.
   - All medication must be in original container, labeled with camper’s name, physician’s name and dosage.
   - All medications will be counted and recorded at check-in.

6. **Camp Health Form Review**—The health form is reviewed to make sure the following items are filled out and correct. Campers missing any of the following information may be sent home until all information is received.

   **Necessary information for acceptance:**
   - Doctor’s signature.
   - Physical completed by physician in the last 12 months.
   - Documented allergies.
   - General information filled out.
   - Consent and permission to treat signed.
   - Insurance information complete.
   - Complete record of immunizations documented.
FORMS

CAMP HEALTH FORM
- This form must be completed for all girls and adults.
- Parents or guardians should carefully complete sections A, B, C and D. Section E must be completed by a physician for all girls attending summer camp (with the exception of Day Camp, Me and My Gal, Troop Adventure Camp and one-day workshops).
- The health exam (Section E) is good for twelve (12) months as long as the camper has not experienced any major health issues during that time.
- Parents are responsible for making copies of the health form and submitting one for each session their camper is attending.
- Camp can not pull health forms from previous sessions or years for your camper. They are archived and put into storage and are not accessible.
- If your camper has had a school, CYO or other physical make sure that it contains all of the information required in Section E of the camp health form or it will not be accepted. This includes the physical exam section, immunization record, prescribed medications and health recommendations.
- Campers who do not have completed health forms with them at check-in will be sent home.

A.C.E. FORM
This form is very important. It gives your camper permission to participate in the Adventure Challenge Education (ACE) activities (which include climbing wall, crate climbing, low and high challenge, zip line, giant’s ladders and team initiatives) as appropriate for their age. All ACE activities are a choice and weather permitting.

CAMPER INFORMATION/ALL ABOUT ME
This form is important as it helps the camp staff get to know the camper better.

CAMP CODE OF CONDUCT
This form provides a great conversation starter for you and your camper as to what is expected of her at camp. It also provides a basis for cabin rules and behavior discussions, if needed.

CAMPER RELEASE/HIGH RISK FORM
This form provides transportation permission for field trips (if applicable) and permission for your camper to participate in archery as well as other activities that involve risk. If you are not sure which activities this form includes, please talk to the greeter on check-in day and they will answer your questions.

HORSE RELEASE FORM
This form is only needed for those girls participating in the horse programs; Saddle Up, Horsing Around and Ranch Life.

TRANSPORTATION RELEASE CARD
This form is needed in order to release your child to the proper adult at the end of the week.

RELEASE FOR MINORS FORM

You can find all of these forms starting on page 14 of this packet.
WHY A CAMPER MIGHT BE SENT HOME

On occasion, we have a camper who experiences emotional or behavioral problems while in our care. We deal with each situation individually and do what is best for all campers.

Camp is a place where children need to feel safe and cared for. We will not tolerate any form of physical violence or hazing of campers and we’ll work with parents to address behavioral concerns that arise during camp. If the administrative staff of the camp think a child’s behavior is not suitable for camp, the parent will be asked to pick up the child as soon as possible for the well being of that child and all of the campers in our care.

If your child has to leave camp for any of the following reasons, no refund or adjustment will be issued.

Reasons a camper might be sent home:

- Severe or chronic homesickness.
- Excessive swearing or inappropriate language.
- Physically violent behavior towards self or others.
- Threatening violence towards another person.
- Excessive non-compliance.
- Self injurious behavior.
- Possession of weapons.
- Possession of narcotics, alcohol or cigarettes.

PACKING FOR CAMP

Helpful hints for parents/guardians:

- **Have your child pack her suitcase/duffle bag.** We get more lost and found items when a child does not know what their parents packed for them. Children will not claim a lost and found item if they do not know they brought it to camp.
- Put your child's name on her items and in her clothing. It helps us return items to the correct person.
- Try to pack everything into one suitcase/duffle bag. We recommend buying a **cheap nylon stuff sack that the sleeping bag and pillow fit into.**
- Please place suitcases and duffle bags into large black garbage bags and label each bag with camper’s name. Make sure all bedding is in a large trash bag as well.

WHAT NOT TO BRING TO CAMP

- Sandals or shoes that are open in the front or back, this includes sport sandals such as Teva’s or Nike’s and clogs/Crocs
- Halter or tube tops
- iPods, MP3 players, electronic games, iPads and tablets
- Cell phones
- Personal sports equipment
- Hair dryers/curling irons
- Bottles/glass containers/aerosol cans
- Food/gum/candy
- Valuables
- Tobacco products, including cigarettes and lighters
- Any weapon (including all knives)
- Pets (this includes during check-in and checkout)

Any camper arriving with any of the above items may have these items confiscated and returned at checkout.
PERSONAL CLOTHING

Two pairs tennis shoes (one for everyday and one to get muddy)
Pair of shower shoes (cheap flip flop type)
Socks (one per day plus one extra)
Long pants (two pairs—mandatory for horseback riders)
Shorts (one per day plus one extra)
Short-sleeved shirts (one per day plus one extra)
Sweater/sweatshirt/jacket (one)
Underwear (one pair per day plus one extra)
Pajamas (one pair)
Raincoat
Swimsuit (two recommended)
Beach towel (one)
Riding boots or closed toed shoes with 1/2 inch heel (horseback riders only)
Baseball cap/bandana (one)

PERSONAL EQUIPMENT

Any Special Program Items
Backpack/day pack/book bag
Sleeping bag and/or blankets
Twin bed sheet
Pillow
Bath towels (two)
Toiletries
Insect repellent (Deep Woods Off, non-aerosol recommended)
Flashlight/extra batteries
Water bottle with strap
Stationary, stamps, pre-addressed envelopes
Sunscreen and lip balm

OPTIONAL ITEMS

Camera
Laundry bag
Book to read

*Check page 5 for what not to bring.
MAIL, EMAIL, PHONE CALLS AND VISITORS

SENDING MAIL TO CAMP

- Campers look forward to lots of cheerful mail from home. Please avoid sharing stories about activities she is missing or that you miss her terribly. These things have been known to upset campers and trigger homesickness. Remember, a camper should read her mail, smile happily and go to her next activity.
- There will be a designated mail box area where parents can leave pre-written letters for their campers on check-in day. Mark camper’s name, session and date on the envelope.
- Mailing addresses:
  
  Camp Libbey  
  **Camper Name**  
  **Name of Session, Housing Unit**  
  (Camp address will be emailed to you.)

  Camp Whip Poor Will  
  **Camper Name**  
  **Name of Session, Housing Unit**  
  (Camp address will be emailed to you.)

- Mail is delivered at lunch time everyday. Any mail received after 11:30 a.m. will not be delivered until the following day.

SENDING EMAIL TO CAMP

- We have one-way email available for parents/guardians to keep in touch with campers during the week.
- Emails that arrive should be marked with the following subject line: **CAMPER NAME/PROGRAM NAME**
- Emails will be printed each day between 9–9:30 a.m. and delivered at lunch time. Any emails arriving after 9:30 a.m. will not be delivered until the following day.
- Campers who go off camp for trips, will not receive emails until they return to camp.
- Emails will only be delivered Monday–Thursday. Please do not send emails for Sunday delivery, as they will not be delivered until lunch on Monday.
- Camp Libbey Email:  camplibbey@gswo.org
- Camp Whip Poor Will Email:  campwhippoorwill@gswo.org

RECEIVING MAIL FROM CAMP

- It may be that mail from your camper is not so cheerful. Remember that girls sometimes write home during homesick moments, or that the act of writing triggers homesickness.
- In most instances, by the time you receive the letter, your camper is well-adjusted to camp and having a wonderful time.
- If you are concerned about a letter you receive from your camper while she is at camp, please call the camp and speak with the assistant camp director or camp director.

PHONE CALLS

- Campers do not have access to the phone. Please do not tell your daughter that she can call home since it may trigger homesickness.
- If an emergency arises at home, please contact the camp director:  
  Camp Libbey:  419-784-5888 or 1-800-356-1447
  Camp Whip Poor Will:  513-899-2751

VISITORS

- There are no scheduled days for visitation during the week.
- Visits are exceptionally disruptive for all campers.
PREVENTING HOMESICKNESS

We spend a lot of time training camp staff on how to deal with homesickness, but parents can help prevent homesickness by doing some simple things prior to their camper’s stay at camp.

1. **Involve kids in the decision:** Children who feel they have no control or were “forced” to go to camp will often experience homesickness. Emphasize that your child is “going” to camp, rather than, you are “sending” them to camp.

2. **Encourage practice time away:** The more experience your child has away from home, the easier a transition to camp life will be for them. Do some practice time away from parents at a friend’s or relative’s house.

3. **Process any recent stressful events:** Recent deaths of people close to campers or parents who are divorcing can cause extreme stress on a child at camp. Talk to them about it and notify the camp to make the staff aware.

4. **Avoid statements such as,** “If you don’t like camp, you can come home.” Children who are experiencing difficulties adjusting to camp will compound the problem by not giving it a fair chance. Often they will close their minds to adapting to camp, and focus immediately on going home.

5. **Keep letters short and positive:** Parents should avoid statements like, “I’m going to miss you terribly.” Do not tell them how much you wish they were home, about the death of their favorite pet or about the great trip to Cedar Point the family just enjoyed without them. Camp will be a terrific experience, so be careful not to make them feel badly about going away.

6. **Share your camp experience:** Heighten your child’s interest by pointing out some of the exciting things you remember about your resident camp experience. Be sure to be positive about how you were able to handle being away from your mom and dad.

7. **Be Realistic:** While painting a bright promising picture of camp, do not forget to mention some of the not so glamorous realities of outdoor living. There should be no surprises when a child discovers a spider as a cabin mate, or perhaps that a trip to the bathroom might be a bit of a hike.

8. **Talk about homesickness:** Homesickness is natural and certain feelings of missing home, parents, pets or friends is pretty normal. Once this is understood, your child may accept homesick feelings with less anxiety.

9. **Resources:** There are a lot of resources to help parents get their child ready for camp, especially if they are first time campers. Here are a few resources for parents:
   - [www.campparents.org](http://www.campparents.org) — This is a comprehensive summer camp resource through The American Camp Association for families offering expert advice on camp readiness, homesickness, tips on packing and much more.
   - “Off to Camp!,” by Myra Pravda and Jeanne Weiland. Call 1-877-791-4096 or email [JSPBooks@aol.com](mailto:JSPBooks@aol.com)
   - “The Summer Camp Handbook: Everything You Need to Find, Choose and Get Ready for Overnight Camping and Skip the Homesickness,” by Christopher A. Thurber Ph.D. and Jon C. Malinowski PhD. Call Perspective Publishing at 1-800-330-5851 or go online [www.campspirit.com](http://www.campspirit.com).
SEVERE WEATHER PROCEDURES

THUNDERSTORMS AND TORNADOES
- We are contacted immediately by the fire department if severe weather is approaching.
- During a thunderstorm, all campers are kept in their unit with the exception of campers staying in tent units. They will be moved to indoor shelter if the weather becomes severe.
- If there is imminent danger of a tornado, all campers are moved to the designated emergency shelter for safety.
- **During severe weather, we will not be answering the telephone! Our first concern is the campers and their safety.**
- If you call and do not get an answer, please do not get into your car and drive to camp. Do not put yourself at risk. Leave a message and we will call back as soon as we can.

CAMP LIFE
Campers will spend most of their time working on activities centered around the camp program they selected. Other times at camp are filled with “All-Camp” activities. A typical day at camp might look like this:

- 7:15 a.m.  Rise and Shine
- 7:45 a.m.  Flag Ceremony
- 8 a.m.  Breakfast
- 8:45 a.m.  Morning activities may include arts and crafts, horseback riding, archery, environmental programs or badge work.
- 12 p.m.  Lunch
- 1 p.m.  Me Time! Rest hour for campers (take a nap, write a letter home, read a book or write in a journal)
- 2 p.m.  Afternoon activities may include swimming, hiking, canoeing, scavenger hunt or making ice cream.
- 5:45 p.m.  Flag Ceremony
- 6 p.m.  Supper
- 7:15 p.m.  Evening activities may include an all-camp activity, campfire, songs, twilight swim, skits or night hike. We never run out of things to do.
- 8:45 p.m.  Off to units to get ready for bed!
- 9:50 p.m.  Lights out for Girl Scout Daisies and Brownies
- 10 p.m.  Lights out for everyone else. Good Night!
Girl Scouts of Western Ohio’s highest concern is always for the health, safety and well being of our members and families. With the increased media attention that the pest known as a “bed bug” has been receiving, plus its increase in population in the state of Ohio, Girl Scouts of Western Ohio would like to share our bed bug procedures in order to alleviate any concerns you might have.

We want to assure all parents that our camps do not have bed bugs. Currently, all Girl Scouts of Western Ohio properties are inspected weekly by property staff who have been trained by a pest management company to identify bed bugs. In addition, Girl Scouts of Western Ohio contracts with a pest control management service to complete regular bed bug checks, including comprehensive quarterly bed bug inspections at all properties.

We want you to know that we are being proactive by:
- Working with the nation’s leading bed bug specialist from The Ohio State University and the Central Ohio Bed Bug Task Force.
- Taking the strongest actions that are reasonable to reducing the likelihood of having bed bugs at camp or having them transferred back to the campers’ homes. We recognize that bed bugs know no bounds—they don’t discriminate according to socioeconomic status, race, religion or any other factors.
- We educate all staff on what to look for, monitor daily and immediately report any suspected sightings. Our licensed pest control company will come to camp to confirm or dismiss any bed bug sighting.

**BED BUG PROCEDURES FOR HOME AND CAMP**

We are asking that you do your part in bed bug prevention not only for our facilities, but for your homes and our communities. We are asking you to follow these universal precautions:
- If you suspect you’ve been in contact with bed bugs, dry all clothing and bedding in a dryer at high heat for 30 minutes prior to coming to camp. This would kill any bed bugs that may be present.
- **When packing for camp, place clothes and bedding directly into large black garbage bags. Twist the top closed, loop the twisted length over and secure with a tie, rubber band or string.**
- Once you’ve placed items in large black garbage bags and secured them, label the bags with masking tape with your camper’s name.
- While at camp, girls will keep their belongings in the garbage bags to minimize the possibility of hitch-hiker bed bugs.
- If a bed bug is confirmed during your stay at camp, girls will be moved to another location and cabins will be treated. Before moving, clothing and bedding from the entire unit will be dried on high heat for 30 minutes to eliminate any hitch-hiker bed bugs.
- Learn more about bed bugs at the following links: [www.centralohiobedbugs.org](http://www.centralohiobedbugs.org)

As bed bugs become more and more common in Ohio, Girl Scouts of Western Ohio is committed to keeping bed bugs out of our camps and facilities, and out of your homes. We look forward to having a great camping season and providing a quality camp experience for your camper.
CAMP FOOD

Meals are served family style in the dining hall with staff and campers at each table. Wholesome, nutritious meals are served in ample quantities. Cookouts and snacks will be planned and prepared during the week by each unit. If the camper has medical, religious or personal food preferences (vegetarian/vegan), make sure this is noted on the camper’s health form, Camper Information/All About Me form and notify the appropriate camp office at least two weeks prior to arrival.

A salad bar (or salad) is available as an option at most lunches. If campers do not like the meal option, we also have peanut butter and jelly or another substitute available to them.

Campers can burn a lot of energy during the day, so if campers become hungry between meals, fruit is always available in the dining hall.

CAMP KAPERS

Each staff member will model and teach campers the proper way to care for their environment and their camp surroundings. Each unit is responsible for the upkeep and cleaning of their unit, as well as additional camp responsibilities as assigned. This may include cleaning the dining hall, grounds, bathhouses, bathrooms and the other areas. Girls are closely monitored to make sure established health and safety procedures are used in completing cleaning tasks.

EARLY DEPARTURE

- If a camper has to leave camp for any reason during the session, we arrange a pick-up time and location on check-in day.
- Early departures must be picked up prior to 3 p.m. on the last day of the session.

BADGES AND RECOGNITIONS

- Most camp program opportunities are based on a number of Girl Scout badges and Journey activities.
- The camp program uses these recognition requirements as a basis for planning, but it is not solely driven by these requirements.

HORSEBACK RIDING

- If the camper selected a horseback riding program, she will need long pants and boots or closed toed shoes with a 1/2 inch heel.
- Boots/shoes can not be sandals or open toed dress shoes.
- Riding helmets are mandatory and are provided.
- We try our best to make sure that campers get all of their riding time. Safety is our first concern.
- It may be necessary to alter riding times due to the weather or other concerns. In such cases, alternate horse activities will be planned.
- The horseback riding release form should be signed and turned in at check-in on the first day of camp. **The camper will not be allowed to ride if this form is not signed.**

SWIMMING

- Campers will have the opportunity to participate in free swim each day.
- Lifeguards, water safety instructors and trained watchers are on duty at the pool.
- All campers will take a swimming challenge and only swim in areas of the pool that match their skill level.
BIRTHDAYS AT CAMP
If the camper’s birthday occurs while she is at camp, she will be recognized in the Dining Hall where she will have “Happy Birthday” sung to her by the whole camp and blow out candles on her birthday cake.

Parents are welcome to send items to camp or bring a gift to check-in for their camper’s birthday. We ask however, that parents do not send flowers or balloons.

GENERAL INFORMATION

LOST AND FOUND
Girl Scouts of Western Ohio can not be held responsible for camper’s property. If your camper leaves some of her belongings at camp, contact the camp office as soon as possible. Arrangements can be made for items to be picked up at camp or your regional Girl Scout Center. We will work with families to get items to the closest location to make pick up as easy as possible. Lost and found items will be held until Labor Day. All unclaimed items will be donated to charity at that time.

MEDICAL SERVICES
The camp nurse works under the supervision of the camp medical director.

Campers at Camp Libbey needing additional medical attention or treatment are taken to the Defiance Clinic or Defiance Hospital.

Campers at Camp Whip Poor Will needing additional medical attention or treatment are taken to Mercy Health Center Mason, Bethesda Medical Center at Arrow Springs or Bethesda North Hospital.

Parents/guardians will be notified by the camp any time a camper becomes ill or needs medical attention. If parents/guardians cannot be reached, the emergency contact will be notified.

MENSTRUATION
If your camper has started her menstrual cycle, please send enough supplies to last the duration of her cycle. Sometimes, young women start their cycle at camp. It is good planning to discuss matters of hygiene with your camper prior to camp. Sanitary supplies (pads only, we do not distribute tampons) will be available from the nurse. Campers are not allowed to borrow or lend sanitary supplies.

MEDICATIONS
Only prescription medications in their properly labeled original containers are to be brought to camp. Prescription medications are turned in at check-in to the nurse and will be returned at checkout. Do not bring over-the-counter medications that are listed in the OTC Medications section of the Health Form. These will be supplied by camp when needed. Only bring over-the-counter medications that are not listed and may be necessary for your campers stay at camp.

All medications turned in at check-in will be counted and recorded in the presence of the adult. Please be courteous to others and bring only enough medication for your camper’s stay at camp.

ME TIME
Everyday, a one-hour period in the afternoon is set aside for rest hour. This is a time for campers to nap in their bunks, write home, read a book, journal or talk quietly with a friend.
VOLUNTEER OPPORTUNITY

Girl Scouts of Western Ohio believes in the power of volunteers because they are an integral part of the Girl Scout organization. We are always looking for volunteers with a wide range of talents and expertise. There are several opportunities in which your help would be valued. Volunteers must be 18 years or older and complete the following requirements:

1. Submit an application, background check and three references through the Girl Scouts of Western Ohio website.
2. Interview with the camp director.
3. Review all written materials before camp.
4. Attend mandatory volunteer training.

All volunteers are required to go through this process, including current Girl Scout volunteers.

Incentive Program for Camp Volunteers

- **1–5 hours**: Free camp T-shirt.
- **5+ hours**: One percent off camp fee for every hour volunteered (up to 100 percent not to exceed $350 per session volunteered), less the $30 deposit.
- **Full Week**: Free camp registration (up to $350 per session volunteered), less the $30 deposit.

<table>
<thead>
<tr>
<th>Volunteer Opportunity</th>
<th>Opportunity Description</th>
<th>Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check-In Volunteer</td>
<td>Assist with camper check-in on Sunday</td>
<td>Three–five hours each session</td>
</tr>
<tr>
<td>Camp Nurse</td>
<td>Ensure camper/staff health concerns are addressed including record keeping and distribution of medication</td>
<td>One week Sunday–Friday</td>
</tr>
</tbody>
</table>

SZ.bd/1301456-003
SUMMER CAMP HEALTH HISTORY AND EXAMINATION FORM

Instructions—This form must be completed for all girls and adults attending a summer camp program. This form must be completed and brought to the first day of camp.

1. The information on this form is required to assist us in identifying appropriate care. Information on this form is confidential and will be shared, as appropriate, with staff on a need to know basis.
2. All parts of this form must be current, the health history (Sections A, B, C and D) should have been done within the last six months. The Examination Form (Section E) must be completed by a physician and dated within the last 12 months.
3. All staff and girls attending resident camp and mini sessions (overnight camps) must complete Sections A, B, C, D, and E for camp. A Physician’s Health Exam is required. Campers without Section E completed and signed by a physician will not be allowed to remain at camp.
4. Girls/Adults attending Troop Adventure Camp, Day Camp and One-Day/Overnight program activities need to complete Sections A, B, C, D of this form. Section E is not required.
5. Parent(s)/Guardian(s) must provide a separate copy of this form only when their camper attends multiple summer opportunities at different camps (i.e., camper attends a resident camp session at one camp and attends a day camp session at a different camp).

Section A—General Information and Camper Transportation Release/Authorization Information

Camper’s Name: __________________________ Age ________ Birthdate: __________________
Address: __________________________ City: __________________________ State: ________ Zip: ________

The persons listed below have permission to pick up the above camper at camp.

Custodial Parent/Guardian: Second Parent/Guardian or Emergency Contact:

Name: __________________________ Name: ______________
Address: __________________________ Address: __________________________
City/State/Zip: __________________________ City/State/Zip: __________________________
Day Phone: ( __________ ) from: ________ - ________ Day Phone: ( __________ ) from: ________ - ________
Eve. Phone: ( __________ ) from: ________ - ________ Eve. Phone: ( __________ ) from: ________ - ________

In case of emergency and parents cannot be reached, please notify:

Name: __________________________ Relationship: ______________ Phone: ( __________ )
Name: __________________________ Relationship: ______________ Phone: ( __________ )

Additional people to pick up camper:

Name: __________________________ Relationship: ______________ Phone: ( __________ )
Name: __________________________ Relationship: ______________ Phone: ( __________ )
Name: __________________________ Relationship: ______________ Phone: ( __________ )
Name: __________________________ Relationship: ______________ Phone: ( __________ )
Section B—Health History

Allergies: □ No known allergies. □ This camper is allergic to: □ Food □ Medicine □ The environment (insect stings, hay fever, etc.) □ Other (Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: □ This camper eats a regular diet. □ This camper eats a regular vegetarian diet. □ This camper has special food needs. (Please describe below.)

Restrictions: □ I have reviewed the activities of the camp and the camper can participate without restrictions. □ I have reviewed the activities of the camp and the camper and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)

General Health History: Check "Yes" or "No" for each statement. Explain “Yes” answers below.

Has/does the camper:
1. Ever been hospitalized? □ Yes □ No
2. Ever had surgery? □ Yes □ No
3. Have recurrent/chronic illnesses? □ Yes □ No
4. Had a recent infectious disease? □ Yes □ No
5. Had a recent injury? □ Yes □ No
6. Had asthma/wheezing/shortness of breath? □ Yes □ No
7. Have diabetes? □ Yes □ No
8. Had seizures? □ Yes □ No
9. Had headaches? □ Yes □ No
10. Wear glasses or contacts? □ Yes □ No
11. Had fainting or dizziness? □ Yes □ No
12. Passed out/had chest pain during exercise? □ Yes □ No
13. Had mononucleosis ("mono") during the past 12 months? □ Yes □ No
14. Have problems with periods? □ Yes □ No
15. Have problems with falling asleep/sleepwalking? □ Yes □ No
16. Ever had back/joint problems? □ Yes □ No
17. Have a history of bedwetting? □ Yes □ No
18. Have problems with diarrhea/constipation? □ Yes □ No
19. Have any skin problems? □ Yes □ No

Please explain “Yes” answers in the space below, noting the number of the questions.

Mental, Emotional and Social Health: Check "Yes" or "No" for each statement. Explain “Yes” answers below.

Has the camper:
1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? □ Yes □ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? □ Yes □ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? □ Yes □ No
4. Had a significant life event that continues to affect the camper’s life? □ Yes □ No
   (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain “Yes” answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Section C—General Information

Name of Family Physician: __________________________ Phone: (_______)
Name of Dentist/Orthodontist: ______________________ Phone: (_______)
Do you carry family medical/hospital insurance? □ Yes □ No
If so, indicate: __________________________ Policy or Group # __________________________
Name of Insured: __________________________ Relationship to Camper: __________________________
Prescription Medication
List any prescription medication your camper is bringing to camp, its use and dosage. All medication must be brought in its original container.

- This person takes NO routine medication.
- This person takes prescription medication as follows:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Use</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please identify any medications taken during the school year that camper does/may not take during the summer:

- Acetaminophen (Pain relief/fever)
- Ibuprofen (Pain relief/fever)
- Maalox (Upset stomach)
- Milk of Magnesia (Constipation)
- Throat lozenges (Sore throat)
- Tinactin (Athletes foot)
- Blistex (Cold sores)

Camp Provided Over-the-Counter (OTC) Medication
For mild discomfort, your camper may be given the following over-the-counter (OTC) medicines that are provided by the camp. Please initial any that cannot be administered. All OTC medication will be given according to dosage instructions on package, unless otherwise indicated by the parent/guardian.

- Pepto Bismol (Diarrhea)
- Sudafed (Nasal decongestant)
- Robitussin (Cough cold/flu symptoms)
- 25 mg. Benadryl (Allergic reaction to insect bites/poison ivy)
- Calamine (Itch relief when giving Benadryl)
- Caladryl (Itch relief when not giving Benadryl)
- Benedryl Cream (Itch relief when not giving Benadryl tablets)

Immunization History—Please record the date (month/year) of immunization and most recent booster doses.

- Diptheria, tetanus, pertussis (DTaP) or (TdaP)
- Haemophilus influenzae type B (HIB)
- Varicella (chicken pox)
- Had chicken pox
- Haemophilus influenzae type B (HIB)
- Haemophilus influenzae type B (HIB)
- Varicella (chicken pox)
- Had chicken pox
- Tetanus booster (dT) or (TdaP)
- Pneumococcal (PCV)
- Meningococcal meningitis (MCV4)
- Mumps, measles, rubella (MMR)
- Hepatitis B
- Tuberculosis (TB) test
- Date:
- Polio (IPV)
- Hepatitis A
- Hepatitis A
- Had hepatitis A

What Have We Forgotten to Ask? Please provide on a separate sheet any additional information about the camper’s health that you think important or that may affect the camper’s ability to fully participate in the camp program.

Parent/Guardian Authorization for Health Care
This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the appropriate camp personnel to care for minor illness/injuries using over-the-counter medications/procedures as authorized on the over-the-counter medication form. I give permission to camp personnel to administer medications I have listed on the over-the-counter medication form and/or physician has prescribed on the physical exam. I will send medications in original containers. I give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a “need to know” basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

Signature of Custodial Parent/Guardian: ___________________________ Date: ___________ Relationship to Camper: ___________

If for religious or other reasons, you cannot sign this, contact the camp for a legal waiver, which must be signed to attend camp.
Section E—Physical Examination by Licensed Physician

Camper/Staff Name: ____________________________  Date of Birth: ____________________________

**Physical Examination**

<table>
<thead>
<tr>
<th>Code:</th>
<th>✓ Satisfactory</th>
<th>x Not satisfactory</th>
<th>0 Not examined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Examined:</td>
<td>Height:</td>
<td>Weight:</td>
<td>Blood Pressure:</td>
</tr>
</tbody>
</table>

**General physical and emotional status:**

Eyes: ______  Teeth: ______  Lungs: ______  Menstrual History: ______

Ears: ______  Heart: ______  Abdomen: ______  Musculoskeletal: ______

Nose: ______  Throat: ______  Skin: ______  Genitalia: ______

Urinalysis: 1  HBG: ______  Hernia: ______

Allergies (please specify): ____________________________

Other conditions (please specify): ____________________________

**Health Recommendations while at Camp**

In my opinion, the above condition ¨ does ¨ doesn’t preclude her participation in an active camp program.

Comments: ____________________________

List any restrictions: ____________________________

________________________________________

The applicant is under the care of a physician for the following condition(s): ____________________________

________________________________________

Please describe any treatment to be continued at camp: ____________________________

________________________________________

Please list any prescription medication to be continued at camp:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time Schedule</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Licensed Physician’s Signature:** ____________________________  Date: ____________________________

Please Print

Physician: ____________________________  Phone: ( ______ ) ____________

Address: ____________________________  City: ____________________________  State ______  Zip ______

By*: ____________________________  Date: ____________________________

*Initial if completed by nurse or physician’s assistant.

1 Not required for every health exam. Girls ages 5–12 should have this test if they have not already had it. Girls ages 13–18 should have this test if they have not had it since puberty.
Girl Scouts of Western Ohio

THIS FORM MUST BE COMPLETED BY AND FOR EACH PERSON PARTICIPATING IN THE ADVENTURE CHALLENGE EDUCATION (A.C.E.) PROGRAM, HIGH CHALLENGE COURSE, LOW CHALLENGE COURSE, OR THE CLIMBING WALL

PLEASE READ CAREFULLY BEFORE SIGNING
SERIOUS PHYSICAL OR PSYCHOLOGICAL INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. GIRL SCOUTS OF WESTERN OHIO DOES NOT GUARANTEE YOUR SAFETY.

A. REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE—Girl Scouts of Western Ohio agrees to provide to the following individual:

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Age</th>
<th>Grade</th>
<th>Troop Number/ Name of Group</th>
<th>Date of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

YES      NO (circle one) If “yes” describe each:

WRITE INITIALS BELOW AFTER READING EACH SECTION
Parents/Guardians 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 on the back of this agreement, and agree to follow guidelines as presented.

/___ I understand the employees of the Girl Scouts of Western Ohio have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child.

/___ I understand that climbing, high challenge course, low challenge course, 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, costs 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 the 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 rights to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my child for use in materials they may create.

Page 1 of 2
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:** Create a level of safety so that people are able to relax and feel comfortable. An agreement that participants must adhere to certain physical and psychological safety guidelines must be discussed and agreed upon by the group.

- **BE COMMITED:** Be present mentally, physically, and emotionally. The group members work together to achieve the individual and group goals that have been developed, and share during the group experience. Group members should work to minimize distractions, and spot with good attention.

- **BE RESPECTFUL:** Share your thoughts and opinions openly and honestly. An agreement to give and receive honest feedback. This involves caring enough about oneself and others to communicate in a fashion that will be productive and facilitate growth. This includes being positive and not putting yourself or others down. Listen to what others say, and focus on understanding their ideas.

- **CHALLENGE BY CHOICE:** This is the most important part of the contract. Challenge by Choice means that each participant may select the level of challenges that they are willing to experience.

- **HAVE FUN:** Participants should balance fun with taking care of business. Just as in life, balance is required on the challenge course. Too much fun, or too much seriousness, is not good for any group. Strike a balance, and the job gets done and everyone wears a smile.

All participants and parents or legal guardians must sign below after reading this entire document. One form per participant must be filled out. At least one parent/guardian must sign.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING WARNING, AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE PARTICIPANT’S PHYSICAL CONDITION AND AGE ARE TRUE AND ACCURATE.

SIGNATURE OF PARTICIPANT _______________________________ DATE ____________________

SIGNATURE OF PARENT/GUARDIAN #1 _______________________________ FOR _______________________________ NAME OF PARTICIPANT (PRINT) _______________________________ DATE ____________________

SIGNATURE OF PARENT/GUARDIAN #2 _______________________________ FOR _______________________________ NAME OF PARTICIPANT (PRINT) _______________________________ DATE ____________________

Address in full: _______________________________ Home Phone #: _______________________________

_____________________________________________ Bus. Phone #: _______________________________

Page 2 of 2
Dear Parent/Guardian:

We are committed to providing the best possible experience for your camper. Please take time to complete this form so we are able to better serve your camper. Often having prior knowledge about difficulties in school or at home or of major changes in a child’s life will help us be more sensitive to her need for patience, understanding and reassurance. **This information is very beneficial so please be thorough.** Any information you provide us will be kept confidential and shared with only those people that it is relevant to. Please bring this form to camp on the first day.

Camper’s Name: ____________________________ Age: _______ Entering Grade: _______

Session Dates: ____________________________

Session Names: ____________________________

1) Has she been away from home before?  ☐ Yes  ☐ No  Describe: ____________________________

2) What are three things you want your camper to gain from her experience at camp?

3) Does she make friends with others:  ☐ Easily  ☐ Fairly easily  ☐ Not too easily

4) Are there any particular concerns she has about attending camp this summer?

5) Does your daughter have any fears we should be aware of? ____________________________

6) How many brothers and sisters does she have and what are their ages?

7) Are there any parent/guardian custody arrangements we should be aware of?

8) Indicate any significant event in the last year that may affect her behavior at camp (i.e. extended illness, death in the family, friends moving, etc.). ____________________________

9) Does your daughter:  ☐ Wet the bed  ☐ Talk in her sleep  ☐ Sleepwalk  ☐ Have nightmares  ☐ Know about menstruation?

List some suggestions you have if she should begin at camp: ____________________________

10) If your daughter becomes homesick, or has difficulty following the rules, are there techniques that would help us support her? ____________________________

(over)
ALL ABOUT ME

Must be completed by camper.

My name is ____________________________ and I like to be called ____________________________ Age: __________

1) If you have gone camping before:
   What did you like best? ____________________________
   What did you like least? ____________________________

2) Why do you want to come to camp? ____________________________

3) What are you looking forward to at camp? ____________________________

4) List three things you would like to do at camp:
   ____________________________________________

5) What worries you about coming to camp and why? ____________________________
   ____________________________________________

6) What are your favorite foods? ____________________________
   ____________________________________________

7) What foods do you dislike? ____________________________
   ____________________________________________

8) What time do you go to bed at night? ____________________________

9) What time do you get up in the morning? ____________________________

VP/fs:1101115-003
Girl Scouts of Western Ohio

CAMP CODE OF CONDUCT

I, ___________________________ (camper’s name), understand that my attitude and behavior are critical to my success and to 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 parents/guardians, 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 parent/guardian and 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.

Parent’s/Guardian’s Signature ___________________________ Date ____________
Girl Scouts of Western Ohio
High-Risk Activity Permission Form

This form is used for permission to participate in council sponsored activities such as archery, canoeing, snow skiing and white water rafting. This form is not used for climbing walls, high ropes courses, low ropes courses, team initiatives, zip lines or horse back riding.

Girl’s Name: ________________________________ Home Phone #: __________________
Parent/Guardian Name: _______________________ Cell Phone #: __________________
Address: ____________________________________
City: ___________________________ State: ___________ Zip: ___________
Troop/Group #: _______________ Girl Scout Grade Level: ____________________

PARENT PERMISSION

I understand that my daughter may be participating in activities, on and/or off council property, that are considered high risk. I feel that she is developmentally ready, both physically and emotionally, and possesses the skills needed to participate in the activities I have marked below. She 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. (There may also be additional release forms specific to the activities listed below that need to be signed.)

I understand the risks inherent in the below activities: (Please, check all those that apply to the program girls are attending or that she has permission to participate in, if given the opportunity.)

☐ Canoeing  ☐ Archery  ☐ Caving  ☐ Amusement Park Rides
☐ Kayaking  ☐ Sailing  ☐ Water Parks  ☐ White Water Rafting
☐ Backpacking  ☐ Scuba Diving  ☐ Bicycle Riding
☐ Other: ____________________________  ☐ Other: ____________________________

Date of Activity: ____________________________ Location of Activity: ____________________________

________________________________________  __________________________________
Signature or Parent/Guardian        Date

The purpose of this “High-Risk Activity Permission Form” is to inform parents/guardians of the risk, provide the opportunity for both the parents’ and daughter’s evaluation of her readiness for the activity and to give parents the opportunity to reinforce the skills and behavior necessary to safely participate with their daughters.
Girl Scouts of Western Ohio

THIS FORM MUST BE COMPLETED BY AND FOR EACH PERSON PARTICIPATING IN A HORSEBACK RIDING PROGRAM

PLEASE READ CAREFULLY BEFORE SIGNING
SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.
GIRL SCOUTS OF WESTERN OHIO DOES NOT GUARANTEE YOUR SAFETY.

A. REGISTRATION OF RIDER AND AGREEMENT PURPOSE—Girl Scouts of Western Ohio agrees to provide to the following individual:

<table>
<thead>
<tr>
<th>RIDER’S NAME (if under 21)</th>
<th>AGE</th>
<th>WEIGHT Over 240 lbs.</th>
<th>HORSE RIDING EXPERIENCE (Check one which applies)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>BEGINNER (UNDER 10 HOURS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OVER 10 HOURS</td>
</tr>
</tbody>
</table>

Does this rider have any physical and/or mental health condition, problem and/or disability, which may require accommodation or affect her/his safety and ability to ride a horse? YES NO (Circle one)

If “yes” describe each:

WRITE INITIALS BELOW AFTER READING EACH SECTION.
Parents/Guardians must also initial for minors.

B. TERMS — The term “HORSE” herein shall refer to all equine species. The term “HORSEBACK RIDING” herein shall refer to riding, or otherwise handling of horses or ponies, whether from the ground or mounted. The term “RIDER” shall herein refer to a person who rides a horse mounted, or otherwise handles or comes near a horse from the ground. The term “I”, “ME”, “MY” shall herein refer to the above-registered rider and the parents or legal guardians thereof, if a minor.

C. ACTIVITY RISK CLASSIFICATION—I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity, despite all safety precautions.

D. NATURE OF CORRAL HORSES—I UNDERSTAND THAT: No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human is. If a rider falls from horse to ground, it will generally be a distance of from 3½ to 5½ feet, and the impact may result in injury to the rider. If a horse is frightened or provoked, it may divert from its training and act according to its natural survival instincts, which may include, but are not limited to: stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting or running from danger.
E. **RIDER RESPONSIBILITY—I UNDERSTAND THAT:** Upon mounting a horse and taking up the reins, the rider is in primary control of the horse. The rider’s safety largely depends upon her/his ability to carry out simple instructions and her/his ability to remain balanced aboard the moving animal.

___/___

F. **CONDITIONS OF NATURE—I UNDERSTAND THAT:** GIRL SCOUTS OF WESTERN OHIO IS NOT responsible for total or partial acts, occurrences or elements of nature that can scare a horse, cause it to fall or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, water, wild and domestic animals, insects, or reptiles which may walk, run, fly near, bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, natural and man-made changes in landscape.

___/___

G. **SADDLE GIRTHS—NATURAL LOOSENING—I UNDERSTAND THAT:** Saddle girths (saddle fasteners around horse’s belly) may loosen during a ride. If a rider notices this, she/he must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

___/___

H. **PROTECTIVE HEADGEAR OFFERING:** I, for myself and on behalf of my child and/or legal ward, have been provided protective headgear (riding helmet) by this corral and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some head injuries and may even prevent death happening as the result of a fall or other occurrence. It is understood that protective headgear may not be of perfect fit for each rider’s head, and that once provided, I/WE will be responsible for securing the helmet on this rider’s head at ___/___ all times.

All riders and parents or legal guardians must sign below after reading this entire document. Each parent/guardian must sign.

**SIGNER STATEMENT OF AWARENESS**

WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING WARNING AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT’S PHYSICAL CONDITION, EXPERIENCE AND AGE ARE TRUE AND ACCURATE.

__________________________ __________________________
SIGNATURE OF RIDER DATE

__________________________ NAME OF RIDER (PRINT) __________________________
SIGNATURE OF PARENT/GUARDIAN #1 DATE

__________________________ NAME OF RIDER (PRINT) __________________________
SIGNATURE OF PARENT/GUARDIAN #2 DATE

Address in full: ___________________________ Home Phone #: ___________________________
__________________________ Business Phone #: __________________________

VP-fs/1302055-001
Girl Scouts of Western Ohio
Transportation Release/Authorization Card

Please PRINT and use the full name of the adult as it appears on their identification.
Please limit to two people other than parents/guardians.

Girl's Name _______________________________ Program ______________________

The persons listed below have permission to pick up the above participant.

________________________________________ (Name) MOTHER/GUARDIAN

________________________________________ (Name) FATHER/GUARDIAN

________________________________________ (Name) _______________ (Relationship to girl)

________________________________________ (Name) _______________ (Relationship to girl)

Office Use Only (Do not write below this line):

Identification checked by: _______________________________ (Name of staff member verifying ID)

Signature of person picking up girl: __________________ Date ____________

Girl Scouts of Western Ohio
Transportation Release/Authorization Card

Please PRINT and use the full name of the adult as it appears on their identification.
Please limit to two people other than parents/guardians.

Girl's Name _______________________________ Program ______________________

The persons listed below have permission to pick up the above participant.

________________________________________ (Name) MOTHER/GUARDIAN

________________________________________ (Name) FATHER/GUARDIAN

________________________________________ (Name) _______________ (Relationship to girl)

________________________________________ (Name) _______________ (Relationship to girl)

Office Use Only (Do not write below this line):

Identification checked by: _______________________________ (Name of staff member verifying ID)

Signature of person picking up girl: __________________ Date ____________
Girl Scouts of Western Ohio

Date(s): ________________________________
Photographer/Producer: ________________________________
Assignment: ________________________________
Location: ________________________________
Activity: ________________________________

RELEASE FOR MINORS

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 parent or guardian of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

Name of Parent/Legal Guardian (please print): ________________________________
Signature of Parent/Legal Guardian (Required): ________________________________ Date: _______
Parent/Legal Guardian Email Address*: ________________________________
("will not be used for any other purposes or distributed to third parties")
Region: _______ Troop#: _______ Service Unit: _______