

Join us on the

# MAGIC GIRL SCOUT BUS

We will be traveling through the  
dino days, kitchen science lab,  
rocks and water, flowers and  
plants, and Juliette Low's life.

**July 10-14, 2023**  
**9am - 3pm**  
**cost \$90**

**Swanton Memorial Park**

**Questions/Reservations contact:**  
**[fultonco.gsdaycamp@gmail.com](mailto:fultonco.gsdaycamp@gmail.com)**







Dear Caregiver,

Thank you for your interest in sending your Girl Scout to our volunteer day camp. Our theme this year is "The Magic Girl Scout Bus". At day camp, the girls will discover, connect and take action as they learn to live the Girl Scout law and promise and to make a difference in the world around them.

This year at camp we will be learning about Dinosaurs, Water, flowers, Kitchen science, outdoor skills, Girl Scout traditions, singing silly songs and making friends to last a lifetime.

We hope that you see the value in this opportunity for your child to take place in such a fun environment. She will be part of a great experience that will keep the Girl Scout experience alive and well. To be able to keep this experience alive and well we are looking for adult volunteers. This camp is 100% Volunteer ran. A background in Girl Scouting is not necessary, just an enthusiastic attitude and a desire to help girls learn and grow.

Below you will find basic information about Day Camp. Detailed information and instructions will be sent in a confirmation packet after you have registered. Please note there are separate forms for youth and adults. All pages and fees must be turned in to be registered. You will receive a confirmation packet 2 weeks prior to camp via the mail. Your camper's placement is not guaranteed. Late registrations will not be accepted after June 15, 2023. For additional questions or concerns, please contact Patti Leach, Camp Director, by email at [FultonCo.gsdaycamp@gmail.com](mailto:FultonCo.gsdaycamp@gmail.com)

**CAMP DESCRIPTION:** Girls will learn skills and traditions in Girl Scouting through games, songs, crafts, outdoor activities and friendship while embracing traditions to make the world a better place.

**PROGRAM AIDE (PA) OPPORTUNITY:** PA's are Girl Scouts in grades 7 through 12, who have completed LiA and attended council Program Aide training. PA's are expected to attend the day camp training session on Friday June 30, 2023, 6:30pm at Swanton Memorial Park Pavilion. Training will help you understand our day camp program and meet the adult volunteers.

**VOLUNTEER OPPORTUNITIES:** The camp experience is as much fun for adults as it is for the Girl Scout! It's not just for troop leaders. We welcome moms, dads, aunts, uncles, and other adult friends of the Girl Scouts. We need volunteers to be able to provide a camp experience to as many Girl Scouts as possible. If you volunteer for the week your Girl Scout will be able to attend at a discounted rate. Every Girl Scout who has a volunteer that agrees to work for the week will get priority placement in our camp program. Volunteers must register; complete a health form and photo release form. If the volunteer is not a registered Girl Scout adult, they will also need to register and complete a background check. Every volunteer adult will need to attend the mandatory training on Sunday June 25, 2023, at Swanton Memorial Park, 108 N. Main St. Swanton Ohio 43558 in the pavilion at 2pm. You will be trained in our camp program for the week. We ask that you do not bring Tag-a-longs to this training.

**CHILD CARE:** If you volunteer to work the week of camp, we offer a tag-a-long unit(s) as a childcare option for just \$35.00 for the week per tag-a-long. This unit(s) is for girls who are between the ages of 3-5 (not entering Kindergarten) and boys ages 3-12. All children must be potty trained. We are looking for Adults to help with this unit(s), so if boys or preschoolers are your niche, this is the place for you!

**TRANSPORTATION:** Transportation will be the responsibility of the caregivers. Camp starts at 9:00am, so please no early drop off before 8:45am. Camp closes at 3:00pm. Due to inclement weather it may be necessary to pick up your camper earlier in the day.

**DIRECTIONS:** Camp is located at Swanton Memorial Park 108 N. Main St. Swanton Ohio 43558

**HEALTH:** A nurse or a first aider will be at camp. Check with your physician to see if a tetanus booster or other immunizations are necessary. It is the responsibility of the caregiver to ensure that all necessary medications get to camp.

**FOOD:** We will provide lunch Monday thru Friday. Everyone needs to bring a refillable water bottle each day. Lemonade and water will be provided each day in their units. Please note that each unit will plan, prepare, and eat lunch together each day. There will always be peanut butter and jelly available if your camper does not like the menu in their unit. We cannot accommodate specific dietary needs.

**DAY CAMP UNITS:** Girls will be placed in units based on their program level and grade for 2023-2024 school year. We will try to accommodate buddy request but please be aware sometimes it's just not possible.

**CLOTHING:** Proper dress for the weather is necessary. No halters or sandals. Wear sturdy shoes, socks, and a hat. Please bring rain gear (NO umbrellas). Apply sunscreen and bug spray at home. Camp is not cancelled due to rain.

**WEATHER:** Camp is not cancelled because of light rain, but will be cancelled for heavy rain, high winds, thunderstorms, and tornado watches or warnings. If weather advisory is released during the day, your camper will need to be picked up immediately. We will use the "Remind" notification system to notify families if camp is cancelled. Please be sure your contact person will be available in the event camp is cancelled,

**REMIND APP:** Please download or search [Remind.com](https://www.remind.com) to join our group. The group code to join is @magicgs. This is how we will notify your emergency/ pickup contact of a weather advisory to which your Girl Scout will need to be picked up early from camp.

**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. The insurance provides up to a specified maximum for medical expenses



incurred as a result of an accident while a member is participating in an approved Girl Scout activity, after the individual's primary insurance pays out.

**CAREGIVERS:** If you feel this camp is unsafe or a hazard to children, you should contact Fulton County Children's Services Department at 419-337-00100

**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% of the day camp fee. Please include payment for the total amount your family can pay with your registration form.

**ACTIVITY COST:** Cost includes camp patch, camp T-Shirt, program, food and activities with camp:

- |  |      |
|--|------|
| • Girl Scout- entering grades K-6 in fall 2023.....                          | \$90 |
| • Girl Scout PA- scouts entering 7-12 in fall 2023, must be LiA & PA trained | \$35 |
| • Girl Scout of a Volunteer (1 per adult volunteer).....                     | \$35 |
| • Tag-a-long (girls ages 3-5(see above), boys ages 3-12 & potty trained..... | \$35 |
| • Additional fee for non-registered girls & adults.....                      | \$25 |

**REFUND POLICY:** Full refunds will be given only until June 8, 2023, or if camp reaches capacity. Refunds after that date will be refunded at half the amount paid. No refunds will be given after the start of camp. 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: refund will be sent out by June 30, 2023

To request a refund, contact Patti Leach, Day camp Director, at [FultonCo.gsdaycamp@gmail.com](mailto:FultonCo.gsdaycamp@gmail.com) email confirmation will be sent to you within a week of receiving the request. Please complete all forms in full and mail registration packet and fees to:

**GSWO Fulton Co. Day Camp**  
c/o Patti Leach  
41 Merton Road  
Holland Ohio 43528

Checks should be payable to GSWO  
Registration Deadline: June 15, 2023



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 #: \_\_\_\_\_ Service Unit Name or #: \_\_\_\_\_

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

Units:

Tagalong

Girl Scout Daisies (Grade K-1)

Girl Scout Brownies (Grades 2-3)

Girl Scout Juniors (Grades 4-5)

Girl Scout Cadettes (Grades 6-8)

Girl Scout Seniors/Ambassadors (Grade 9-12)

Program Aide (Grades 6 and up)

Buddy's Name(s): \_\_\_\_\_

T-Shirt Sizes: Youth Adult SM MED LRG XL XXL

Check Youth or Adult and preferred size

Camp Registration	
Day Camp Fee (\$90 )	\$
Day Camp Fee: PA, daughter of volunteer, or Tagalong (\$35)	
Membership Fee for non-Girl Scouts (if applicable) (\$25)	\$
Digital Dough	- \$
Financial Assistance Amount Requested	- \$
TOTAL Due	= \$

**Membership Fee:** All campers must be registered Girl Scouts. To join Girl Scouts, the fee is an additional \$25 for membership through September 30, 2023 or \$35 for membership through September 30, 2024.

**Digital Dough:** To use your Digital Dough, contact Customer Care at 888.350.5090. Council will contact the Camp Director with your payment amount.

**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. The Camp Director will contact you with the amount of financial aid that you received and if there is a balance owed.

Financial Assistance (if needed): Please complete the section below. To be answered by a caregiver: How would this girl benefit from day camp?

I give full permission for my child to attend day camp and participate in all activities, except those noted. I agree to cooperate with the camp guidelines. I understand that my camper must have written permission to leave camp early or with someone other than a caregiver. If I cannot be reached in an emergency, I give permission to give emergency treatment to my child.

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

<p>Mail completed Registration Form and payment to:</p> <p>GSWO Fulton County Day Camp</p> <p>c/o Patti Leach</p> <p>41 Merton Road, Holland, OH 43528</p>	<p><b>Deadline:</b> Registrations will be accepted to June 15, 2023.</p> <p>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.</p>
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# Girl Medical and Release Form



## Girl Medical History and Release Form

Girl's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregiver's Email: \_\_\_\_\_

### Transportation Information

I understand that my daughter will **only** be released to the people listed below with proper ID:

Name	Relationship to girl	Phone #
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Name	Relationship to girl	Phone #
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### Medical Information

This section **must** be completed by all girls and adults attending event.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Date of last injection—if this information is no longer available, write C for childhood if immunized as child.

DPT: \_\_\_\_\_ Measles/Mumps: \_\_\_\_\_ TB: \_\_\_\_\_ Polio: \_\_\_\_\_ Tetanus: \_\_\_\_\_ Hepatitis: \_\_\_\_\_

Are medications currently being taken: ☐ No ☐ Yes, please specify: \_\_\_\_\_ (below)

(Medication must be in original container with written instructions and given to the health supervisor at camp or troop leader.)

Are there any special needs or accommodations required? If yes, please explain: (below) \_\_\_\_\_

Are there any known behavior and/or emotional problems? If yes, please explain: (below) \_\_\_\_\_

Allergies and/or dietary modifications: \_\_\_\_\_

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

☐ Yes ☐ No If no, please specify: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Insurance Information:**

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Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Social security number of policyholder or insurance ID number: \_\_\_\_\_

### **Emergency Contact Information**

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Emergency contact in case we can't reach caregiver:

Name	Relationship to girl	Phone #
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### **Caregiver Permission and Consent to Treatment**

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(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 or event and to participate in all activities except those noted. I have read the flier and understand and agree to cooperate with all regulations. I further understand that the deposit is refundable only for the reasons noted on the flier.

**Emergency Medical Authorization:** This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed Girl Scout activities except as specifically noted.

**Authorization for Treatment:** In the event reasonable attempts to contact me at the provided phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transfer the child to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

My daughter may be registered as a Girl Scout member through September 30, 20\_\_\_\_.

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



## Adult Volunteer Registration Form Magic Girl Scout Bus Day Camp 6E July 10 – 14, 2023

Volunteer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Volunteer is a: ☐ Currently registered Girl Scout ☐ Re-registering Girl Scout ☐ New Girl Scout  
(If adult is not a currently registered Girl Scout, must submit your \$25 Girl Scout membership fee\*.)

Are you a leader/assistant leader? ☐ Yes ☐ No

Troop #: \_\_\_\_\_ Troop Grade Level in Fall: \_\_\_\_\_ Service Unit Name/#: \_\_\_\_\_

Do you have any camping experience? Yes ☐ No ☐

☐ I would like to be a unit leader and work with:

☐ Pixies/Tagalongs

☐ Girl Scout Daisies/Brownies

☐ Girl Scout Juniors

☐ Girl Scout Cadettes

☐ Daughter's unit

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

Name of Tag-along attending with me: \_\_\_\_\_

Name of free or discounted Girl Scout attending with me: \_\_\_\_\_

Age and shirt size of Tagalong: \_\_\_\_\_

### T-Shirts:

T-shirts cannot be returned or exchanged. If in doubt, order the next larger size. T-shirts are provided for adults working three to five days of camp. Adults working less than three days, who want a T-shirt, should send \$5 with their camp registration.

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

Registrations will be accepted postmarked until June 15, 2023.

Do not send camp 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.

TOTAL FEES (payable to GSWO)	
Membership Fee for non-Girl Scouts (\$25 if applicable) *	\$
Tagalong Fee: \$35	\$
TOTAL	\$

### Mail completed Adult Registration Form to:

GSWO Fulton County Day Camp  
c/o Patti Leach  
41 Merton Rd, Holland, OH 43528

**\* Additional steps will need to be taken to secure your Girl Scout volunteer role.** All adult volunteers are **required** to have a current Girl Scout membership and updated background check. Membership with a volunteer role will trigger an emailed criminal background check which needs completed once every 3 years.

**Adults who do not have a current background check will not be permitted to volunteer.**







# Adult Medical and Release Form



## Adult Medical and Release Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Member ID #: \_\_\_\_\_  
Group ID #: \_\_\_\_\_ Insured Name: \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Please list any conditions that a first-aid or health provider would need to know such as?

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Chronic Illnesses, injuries or limitations: \_\_\_\_\_

My immunizations are up to date: ☐ Yes ☐ No

	Year Primary Series completed	Date of Last Booster
Diphtheria/Whooping Cough/Tetanus (D.T. P.) Tetanus (TD)	_____	_____
Measles/Mumps/Rubella (MMR)	_____	_____
Oral Polio	_____	_____
Tuberculin Test (Most recent)	_____	_____

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

1201323-007/2021

