

girl scouts 
of western ohio



Blast Off in the Pines
Summer Day Camp for Girl Scouts

Girl Scout Day Camp 1A

Monday-Thursday, June 12-15, 2023

9:00 a.m.-3:30 p.m.

Location: Lake in the Pines Campground and Resort

10412 North Dearborn Rd.

Sunman, IN 47041

Registration Deadline: April 15, 2023

Questions? Contact Fawn Williamson 812.621.0210 or Sally Bertram 513.313.1492

***New! In-person registration option!**

Friday, March 31, 2023, 6:00-7:30 p.m. at All Saints Preschool Dover, IN Saturday,
April 1, 2023, 10:00 a.m.-12:00 p.m. at All Saints Preschool Dover, IN

888.350.5090 | gsw.org
customercare@gsw.org



In Partnership With:



Day Camp Information

(Please do not return this page)

Volunteer day camp is run by a dedicated team of specially trained volunteers. Volunteer day camps are staffed completely by volunteers, so we welcome moms, dads, aunts, uncles, grandparents, and other adult friends to volunteer. Volunteers are asked to complete a volunteer application and background check, and attend training to prepare for your role at camp. **Training is mandatory for all volunteers.** We offer two training dates which will be either Tuesday, May 17 or Wednesday, May 18 at 6:30 p.m. at Lake in the Pines Campground. **All adult volunteers must attend one of these trainings. All first year PAs will need to attend the program aide training provided on Friday, June 9, 2023, 8:30 a.m.-2:00 p.m. (more details will be provided to new PA's after registration). New this year: all returning PA's will need to attend a refresher meeting on Sunday, June 11, 2023, 11:00 a.m.-12:00 p.m..**

Health: A nurse or first aider will be available at camp. Check with your physician to see if a tetanus booster or any immunizations are necessary. Medications are the responsibility of the caregiver. Please give any medications your daughter may need to the health supervisor or unit leader in the original container on the first day of camp. Be sure to include written instructions. Please ensure any allergies or dietary restrictions are recorded on your Girl Scout's Health History form and pointed out during check in.

Food: Everyone is to bring a sack lunch, drink, and water bottle. Please write names on all items.

Clothing: Proper dress for the weather is necessary. Wear sturdy shoes, socks (closed toes, **no sandals, flip flops, or crocs**); shorts or jeans, camp T-shirt (**provided for each camper, must be worn each day**); hat, bathing suit and towel, rain gear, wash cloth and sunscreen. **Camp is not canceled 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 September. This 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.

Caregiver: If you feel this camp is unsafe or a hazard to children you should contact Dearborn County Children's Services Department at 812.537.5131 or Dearborn County Combined Health District at 800.531.1041.

****Photography: NOTICE OF FILMING AND PHOTOGRAPHY**

By attending a Girl Scouts of Western Ohio event, you enter an area where photography and audio/video recording may occur. By entering the premises, you consent to photography, audio/video recording and its release of publication, exhibition or reproduction by GSWO and its affiliates and representatives and you waive rights to claims of payment or royalties for its use. You have been fully informed of your consent, waiver of liability, and release before entering the event. If any child or adult does not consent to being in photos or videos, you must let your camp director know at event check-in.

Please complete the following forms and return with payment: For all campers (Girl Scouts, program assistants, peewees, & boys)

1. Registration Form
2. Additional Information, Release, and Health History Form
3. Code of Conduct Form
4. Participant Release and High Risk Form

For all Adult Volunteers

1. Adult Registration Form
2. Adult Medical History Form



Day Camp Costs (*Cost includes T-shirt for campers*)

| | |
|--|------|
| Girl Scout (non-volunteer) | \$85 |
| Each child of four-day volunteer | \$55 |
| Boy/Peewee (only if caregiver is a four-day volunteer) | \$55 |
| <i>(Boy's age eligibility—entering the grade 6 in the fall and younger)</i> | |
| Additional fee for non-registered girls and adults (Girl Scout Membership Fee) | \$25 |

*If you are a new girl (*new girls include girls who lapsed in membership for at least one full membership year*) registering to attend day camp who will continue as a Girl Scout in the fall as a member of a troop, you can select the Extended Year Membership for \$35. This will register you for the remainder of this membership year (covering your participation in day camp) and get you all set for the next membership year as well! You will be a registered Girl Scout through September 30 of 2024.

| | |
|---|-----------------------|
| T-shirts for each adult volunteer attending | \$15 each (mandatory) |
| Day Camp Patch | \$3 each (optional) |
| Late fee if postmarked after April 15, 2023 | \$15 |

Cash or Check will be accepted for payment. Make checks payable to **Girl Scouts of Western Ohio**. **Registrations will be accepted starting March 15 to April 15, 2023.** 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. **NO applications will be accepted after April 15, 2023.**

****New This Year! In person Registration Dates:**

Friday, March 31, 2023, 6:00-7:30 p.m. or Saturday, April 1, 2023, 10:00 a.m.-12:00 p.m.

Location: All Saints Preschool in Dover, IN

Bring all completed forms and payment.

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 the registration form.

Refund Policy: Money may be refunded for the following reasons **only**:

- Moving out of town.
- Illness or exposure to a communicable disease.
- Required attendance at summer school.
- Camp capacity is reached and no other camp is attended; refund will be sent within four weeks of registration date.

To request a refund, send a written request within ten business days from the end of camp.

Camping: This will not be part of the program this year at camp as we will not be providing supervision overnight.

Camper Registration Form

Warrior in the Pines Camp 1A

June 12 - 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: **1F Y!f Y! [ghYf]b['UbX'BYk ' ; Jf`GWti lg'a i ghidUnia Ya VYfg]d'ZY'**

School grade in the Fall 2023

Girl Scout Daisies (Grade K-1)

Girl Scout Brownies (Grades 2-3)

Girl Scout Juniors (Grades 4-5)

Girl Scout Cadettes (Grades 6-8)

Program Aid (Grade 8 and up)

Peewee

Boys

Buddy's Name(s): _____

T-Shirt Sizes: YS YM AS AM AL AXL AXXL

| Camp Registration | |
|--|---------|
| Day Camp Fee | \$ |
| Membership Fee for non-Girl Scouts (if applicable) | \$ |
| Patch Fee (Optional) | \$ 3.00 |
| T-shirt (Optional) | \$ |
| Digital Dough | - \$ |
| Financial Assistance Amount Requested | - \$ |
| TOTAL Due | = \$ |

Camp Fees: \$85 per camper. \$55 per camper of 4 day volunteer. \$55 for peewees or boys (only if caregiver is a 4 day volunteer). \$15 for adult volunteer. \$3 for patch (optional).

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, follow this link: <https://www.gsw.org/en/cookies/digital-dough.html>. Council will contact your 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: _____

Mail or drop off completed Registration Form and payment to:

Veronica Mullins
8330 Maple Leaf Dr.
Brookville, IN 47012-8462
****Make checks payable to GSWO**

Deadline: Registrations will be accepted from March 15-April 15, 2023.

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.



Camper's Name: _____ Date of birth: _____ Age: _____

Address: _____

Caregiver's Name: _____ Phone: _____

Caregiver's Email: _____

Transportation Information

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

| Name | Relationship to girl | Phone # |
|-------|----------------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Name | Relationship to girl | Phone # |
|-------|----------------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Medical Information

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

Name _____ DOB _____

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

DPT: _____ Measles/Mumps: _____ TB: _____ Polio: _____ Tetanus: _____ Hepatitis: _____

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

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

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

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

If so, indicate carrier or plan name: _____ Group #: _____

Name of insured: _____ Relationship to participant: _____

Social security number of policyholder or insurance ID number: _____

Emergency Contact Information

Emergency contact in case we can't reach caregiver:

| Name | Relationship to girl | Phone # |
|------|----------------------|---------|
|------|----------------------|---------|

Caregiver Permission and Consent to Treatment

(Name of participant) _____ is in good physical health and has had a physical examination in the past 12 months. Participant has my permission to attend Girl Scout day camp and to participate in all activities except those noted. I have read the day camp flier and understand and agree to cooperate with all regulations. I further understand that the deposit is refundable only for the reasons noted on the flier.

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

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

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

Caregiver Signature: _____ Date: _____

Participant Release and High Risk Form

This form must be completed by all participants (girls and adults) and brought to the first day of camp or activity/program event. Please check all the activities that apply and **sign the form on the back**.

Participant's Name: _____ Grade: _____ Age: _____ Troop # _____.

Name and Date of Session/Event: _____.

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 activity?

YES **NO** If "yes" describe each:

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

TRANSPORTATION PERMISSION

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

MEDICAL RELEASE/PERMISSION

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

HIGH RISK ACTIVITY RELEASE

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

I understand the risks inherent in the below activities: (Check all that apply during the program activity you or your daughter are attending, or that she has permission to participate in if given the opportunity. Then sign the bottom portion on the back of this form.)

☐ Archery ☐ Backpacking ☐ Bicycle Riding

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

****Please note that archery is the only available activity this form is needed for.**

05-2670-04/2022



WRITE INITIALS BELOW AFTER READING EACH SECTION

Caregivers must also initial for minors

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

____/____ I understand 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.

FULL VALUE CONTRACT

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

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

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

SIGNER STATEMENT OF AWARENESS

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

Signature of Participant

Date

Signature of Caregiver #1

For _____
Name of Participant (Print)

Date

Signature of Caregiver #2

For _____
Name of Participant (Print)

Date

Address in full: _____

Home Phone #: _____

Bus. Phone #: _____

CAMPER CODE OF CONDUCT

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

1. I will follow the established Troop Agreement and will abide by all those rules.
2. I will be sensitive to the needs of my fellow Girl Scouts by performing my assigned duties including troop kapers and participate in all troop activities.
3. I will respect the spaces and the people in my troop.
4. I will be responsible for my personal belongings.
5. I will treat supplies/equipment and people with care.
6. I will use any safety equipment provided for my own protection.
7. I understand I will be sent home for all physical aggression (including hitting, kicking, biting, hair pulling) and threats or intimidation of physical injury.
8. I understand that the use of bad language is not allowed.
9. If applicable: I will follow the current covid safety guidelines at the gsw.org website.
10. _____
11. _____

I understand that if I do not abide by the guidelines listed above the troop volunteers may ask me not to return to the troop.

This form must be signed by both Girl Scout and the caregiver and returned to the troop volunteers.

Girl's Signature

Date

Caregiver's Signature

Date

05-10556-01/2021



Adult Volunteer Registration Form

Blast Off in the Pines Camp 1A

June 12-15, 2023

Volunteer's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ 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:

☐ PeeWees/Boys

☐ Girl Scout Daisies

☐ Girl Scout 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 PeeWees/Boys attending with me: _____

Name of free or discounted Girl Scout attending with me: _____

T-Shirts: Adult t-shirts are \$15 and are required to designate volunteers during camp.

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

Registrations will be accepted postmarked from March 15 to April 15, 2023.

| TOTAL FEES (payable to GSWO) | |
|---|----------|
| Membership Fee for non-Girl Scouts (\$25 if applicable) * | \$ |
| Adult T-shirt (optional) | \$ 15.00 |
| TOTAL | \$ |

Mail or drop off completed Adult Registration Form to:

Veronica Mullins
8330 Maple Leaf Dr.
Brookville, IN 47012-8462

****Make checks payable to GSWO**

*** 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.

I acknowledge that COVID-19 is an extremely contagious virus that spreads easily in the community. I agree to adhere to Girl Scouts of Western Ohio and State and local guidelines/mandates. I will take all reasonable precautions to limit potential exposure for girls, volunteers, and families, based on Girl Scouts of Western Ohio and state guidelines. I will hold Girl Scouts of Western Ohio harmless and waive all rights to legal action, if my daughter contracts COVID through exposure at a Girl Scout event.

Signature: _____

Date: _____



Adult Medical History

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

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

1201323-007/2022

