

Girl Scouts: There's Magic in the Air! Day Camp 2B

Monday-Friday

June 19-23, 2023

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

Miami Whitewater Forest

**Registration Deadline:
Sat., April 22, 2023**

Registered Girl Scouts (T-Shirt included) **\$75**

Camp Assistants (training fee and T-Shirt included) **\$30**

Registered Girl Scouts of 5 day volunteers (T-Shirt included) **\$30**

Registered Girl Scouts of 3 or 4 day volunteers (T-Shirt included) **\$60**



Questions?

Contact Laurie Merz at daycamp2b@hotmail.com

Open for news about Day Camp

13374/2023



Dear Caregiver:

Thank you for your interest in sending your Girl Scout to volunteer day camp! At day camp, girls will discover their values and talents through a variety of outdoor activities. Girls will also connect with other girls and adults, learn how to work together as a team and use that teamwork to take action, and make the world a better place. Please complete and return a **Day Camp Registration Form** and **Camper Additional Information and Release Form** found in this packet, for each camper.

Below and on the next page you will find basic information about day camp. Detailed information and instructions will be sent in a confirmation packet via email after you have registered and your daughter has been assigned to a unit (approximately 1-2 weeks after registration close). **For additional questions or concerns, please contact Laurie Merz, Camp Director, by email at daycamp2b@hotmail.com.**

Looking for additional outdoor activities for your Girl Scout? All of our summer camp and outdoor activities are listed on our website at www.gsw.org/camp.

Adult Volunteers Needed:

Day Camp is staffed entirely by adult volunteers. Volunteer-led day camps are run by a dedicated team of specially trained volunteers who work year round to make this enriching opportunity possible. Each camp recruits and trains their own volunteers to help lead units, activities, and offer support at camp. We welcome moms, dads, aunts, uncles, grandparents, and other adult friends to volunteer. Without the support of volunteers, camp is not possible.

The preschool age children (ages 3-5 and potty-trained) and boys (ages 6-12) of camp volunteers may attend day camp in their own units free of charge. Please submit a **Day Camp Registration Form** and **Camper Additional Information and Release Form** found in this packet, for each preschool child or boy.

All volunteers must complete the **Adult Volunteer Information Form** and **Health History Form** found in this packet. If you are not a current approved Girl Scout volunteer, you will be asked to complete a Girl Scouts of Western Ohio Volunteer Application, a background check, and become a registered member of Girl Scouts.

Training is **mandatory** for **ALL** adult volunteers. Training will be held on **Tuesday, May 23 from 6:00–8:00 p.m.** at the Green Township Library meeting room.

Camp Details

Transportation: Transportation will be the responsibility of the caregiver. We encourage carpooling. Drop off and pickup procedures will be detailed in the confirmation packet that will be sent in May.

Buddies: Campers may designate **ONE** buddy (this is optional). Buddies **must** be in the same grade and **must** choose each other. **Buddies' registration forms must be received in the same envelope. Buddies who do not choose each other and/or are not in the same grade will be disregarded.** Remember that buddies are not a requirement! Many campers come to camp without a buddy and make new friends quickly.

Day Camp Unit: Day Camp is a "Beyond-the-Troop Experience." No more than four girls from the same troop will be placed in the same day camp unit.

T-Shirt: T-Shirts are included in the registration fee for all registered Girl Scouts and full-time adult volunteers. Part-time volunteers (working less than 5 days), boys, and preschool children can purchase a T-Shirt for \$7 (this is optional). Be sure to order the correct size on the Day Camp Registration Form. Once T-Shirts are ordered, they **cannot** be returned or exchanged.



Clothing: Proper dress for the weather is necessary. No halters or sandals/crocs. Wear sturdy shoes, socks, and head cover, and bring rain gear (no umbrellas). Camp is not cancelled because of rain. Make sure your child is dressed appropriately.

Covid Policy: For the most up-to-date Covid information, please check our website at gswo.org/covid19.

Insurance: Automatic insurance coverage occurs from Girl Scouts of the USA for all registered participants.

Activity Costs:

Registered Girl Scouts (T-Shirt included)	\$75
Camp Assistants (training fee and T-Shirt included)	\$30
Registered Girl Scouts of 5-day volunteers (T-Shirt included)	\$30
Registered Girl Scouts of 3 or 4 day volunteers (T-Shirt included)	\$60
Boy children of camp volunteers (ages 6–12)	FREE day per working volunteer day
Preschool children of camp volunteers (boys and girls ages 3–5)	FREE day per working volunteer day
Optional T-Shirt (boys, preschoolers, part-time volunteers)	\$7
Membership fee for non-registered girls and adults	\$25

(All girls and adults participating in camp must register as Girl Scouts.)

For Campers (girls, boys, and preschoolers): Send Day Camp Registration Form, Camper Additional Information and Release Form (both sides), and Fee.

For Adult Volunteers: Send Adult Volunteer Registration Form, Adult Medical History, and any Fee.

GSWO Day Camp 2B
831 Neeb Road, Apt. 1
Cincinnati, Ohio 45233

Check or money order should be made payable to: **GSWO-Day Camp 2B.**

DO NOT send registrations to the Girl Scout Center, but to the address above. 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.

We reserve the right to close units when *Safety Activity Checkpoint Guidelines* for girl/adult ratios are reached.

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 \$37.50 (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:

1. Child moves out of town.
2. Required attendance at summer school.
3. Illness (Doctor's note required.)
4. Camp capacity is full.

To request a refund, send a written request by email to the Camp Director within 10 business days from the end of camp.

CAMPER REGISTRATION FORM
Girl Scouts: There's Magic in the Air Camp 2B
June 19-23, 2023

Complete a separate form (both sides) for each child (girl, boy, preschooler) attending camp.

Camper's Name: _____ Phone: _____

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

School: _____ County: _____

DOB: _____ Age: _____ Grade in fall (2023): _____

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*

*Reregistering and New Girl Scouts must pay membership fee with the camp fee. Boys and preschoolers do not need to register.

- ☐ Girl Scout Daisies (Grade 1) ☐ Girl Scout Brownies (Grades 2-3)
☐ Girl Scout Juniors (Grades 4-5) ☐ Girl Scout Cadette (Grade 6-7)
☐ Boy (volunteer child, age 6-12) ☐ Preschool (volunteer child, age 3-5; potty trained)
☐ Girl Scout Camp Assistant (Grades 8-12); required training will be held on Saturday, May 20 from 10:00 a.m. to 2:00 p.m. Location TBD

Buddy (optional) _____ (Buddy's registration **must** be sent in same envelope.)

T-Shirts: (indicate size) Youth sizes: ☐ Small (6-8) ☐ Medium (10-12) ☐ Large (14-16)

Adult sizes: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

Camper, please answer this question. Would you rather:

- ☐ Be creative (for example: sing a song, paint a picture, write a story or poem, etc).
☐ Be physically active (for example: ride a bike, go on a hike, play a sport, etc.)
☐ Solve a problem (for example: experiment, build a model, work a puzzle, code a robot, etc.)

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 phases of activities, except those noted. I have read the Day Camp flier and agree to cooperate with the guidelines listed. 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.

Parent/Caregiver Signature (Required): _____ Date: _____

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	TOTAL FEES	
	Day Camp Fee	\$
+	Membership Fee for non-Girl Scouts: 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 new or lapsed for 3 years) membership through September 30, 2024. (does not apply to boys or preschoolers)	\$
+	Optional T-Shirt (\$7, boys, preschoolers)	\$
–	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% (\$37.50) 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.	\$
	TOTAL DUE	\$

Registration Procedure:

Registrations will be accepted from **April 1 through April 22, 2023**. Campers 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 whose caregiver is volunteering.*** After April 22, contact us at daycamp2b@hotmail.com to see if we still have spaces available before sending your forms. You will receive a confirmation email when your registration has been processed.

ONLY REGISTRATIONS MAILED TO DAY CAMP 2B (ADDRESS BELOW) WILL BE ACCEPTED.

For girls, boys, and preschoolers:
**Mail completed Day Camp Registration Form (both sides), and
 Camper Additional Information and Release Form (both sides)
 with Fee (check payable to “GSWO-Day Camp 2B”) to:**

**GSWO Day Camp 2B
 831 Neeb Road, Apt. 1
 Cincinnati, Ohio 45233**

Camper Additional Information and Release Form (Side 1)

A separate form (both sides) MUST be completed for ALL camp participants (girls, boys, and preschoolers).

Camper's Name _____ Date of birth _____ Age _____

Address _____

Caregiver's Name _____ Phone _____

Caregiver's Email _____

Medical Information

This section must be completed by *everyone* attending in order to register for camp.

Immunizations:

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 (if yes, please specify): _____

(Medication **must** be in original container with written instructions and given to the Day Camp Nurse at camp).

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

Are there any known behavior and/or emotional problems? If yes, please explain: _____

Allergies and/or dietary modifications: _____

Is participant in good physical condition with no serious illness or operation since their 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 #: _____

Insurance ID number: _____

Name of insured: _____ Relationship to participant: _____

Emergency Contact Information

In case of emergency during day camp hours, if caregiver cannot be reached please contact:

Name: _____ Home Phone: _____

Relationship to camper: _____ Cell Phone: _____

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Camper Additional Information and Release Form (Side 2)

Camper's Name: _____

Transportation Information (for registered Girl Scouts only)

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

Name	Relationship to girl	Phone #
Name	Relationship to girl	Phone #
Name	Relationship to girl	Phone #
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.

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.

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, 2023.

Caregiver Signature (required): _____ Date: _____



ADULT VOLUNTEER REGISTRATION FORM
(Caregivers, adult family members, and adult friends)
Girl Scouts: There's Magic in the Air! Camp 2B
June 19-23, 2023

All adult volunteers MUST complete this form.

Name: _____ Phone: _____

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

Email: _____ Cell Phone: _____

(Print email clearly as this will be our main means of communication.)

Service Unit Name or #: _____ DOB: _____

Are you a registered Girl Scout?* ☐ Yes ☐ No How many years of Day Camp experience? _____

(If you are not currently registered, please register online at gswo.org.)

Please check the appropriate spaces (☐) . . . Thank You!

☐ **Full-Time Unit Volunteer** June 19-23, 2023 (Monday–Friday)

Full time volunteers get a free T-Shirt (choose one): ☐ Sm ☐ Med ☐ Lrg ☐ X-Lrg ☐ XX-Lrg

☐ **Part-Time Unit Volunteer**

Days I am available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ I would like to purchase an optional T-Shirt for \$7. ☐ Sm ☐ Med ☐ Lrg ☐ X-Lrg ☐ XX-Lrg

I would like to help with the following age group: (Grades are for the 2023/2024 school year)

☐ Girl Scout Daisy (Grade 1) ☐ Girl Scout Brownie (Grades 2–3) ☐ Girl Scout Junior (Grades 4–5)

☐ Girl Scout Cadette (Grades 6–7) ☐ Boys (ages 6–12) ☐ Preschool (ages 3–5; must be potty trained)

☐ I would like to work with (other adult) Name: _____

(We will try to honor this request where possible.)

☐ I want to be in my child's unit:

Child's name: _____

☐ I will be bringing ____ boys and/or ____ preschool children.

Note: A Day Camp Registration Form and a Camper Additional Information and Release Form (both sides) must be filled out for each boy and/or preschool child.

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.

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.

Signature (Required): _____ **Date:** _____

Continue



TOTAL FEES	
Registration Fee for non-Girl Scouts (\$25, if applicable; or you can register online at gswow.org.)	\$
Optional T-Shirt (\$7, part-time volunteers)	\$
TOTAL DUE	\$

ONLY REGISTRATIONS MAILED TO THE DAY CAMP 2B (ADDRESS BELOW) WILL BE ACCEPTED.

**Mail completed Adult Volunteer Registration Form (both sides),
Adult Medical History,
and any applicable Fee (check payable to "GSWO-Day Camp 2B") to:**

**GSWO Day Camp 2B
831 Neeb Road, Apt. 1
Cincinnati, Ohio 45233**

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 (required)

Date

