

French Park Day Camp 4B



Camp H2O

Participate in a variety of outdoor activities and Girl Scout traditions.

Camper Costs:

Daisies, Brownies, Juniors, and
Cadettes: \$65

Program Aides: \$15

Children of Adult Volunteer:
(3 days or more): \$35

Boys & Pixies: Free

Registration Deadline May 15, 2023

Mon.-Fri., July 17-21, 2023

9:00 a.m.-2:30 p.m.

French Park

3012 Section Rd.

Cincinnati OH, 45237

Questions?

Contact: frenchparkdaycamp@gmail.com





Adult Volunteer Registration Form 2023

Camp H2O - Camp 4B Monday-Friday, July 17-21, 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
(Please register and submit your \$25 registration fee to be a Girl Scout by calling Customer Care at 888.350.5090, if renewing, please do the same.)

All unit leaders must complete this form, as well as the Health History. You will be asked to complete a Girl Scouts of Western Ohio Volunteer Application, a background check and become a registered member of Girl Scouts if you are not already an approved Girl Scout leader.

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/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 Pixie/boy attending with me: _____

Pixie/Boy Age: _____ Grade: _____ School: _____

Number of Days Volunteering _____ Days Available (Mark All that Apply): M Tu Wed Th Fri

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

T-Shirts:

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

Sizes: YS YM YL AS AM AL AXL AXXL AXXXL

All unit leaders must complete this form, as well as the Health History. You will be asked to complete a Girl Scouts of Western Ohio Volunteer Application, a background check and become a registered member of Girl Scouts if you are not already an approved Girl Scout leader.

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)	
Boys/Pixies T-shirt and Patch(optional \$10)	\$
Total Due	\$

Mail completed Adult Registration and Health History Forms and Camper Additional Information and Release form if needed to:

Tricia Klco
6441 Ridge Ave.
Cincinnati, OH 45213

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.

Signature (Required): _____ Date: _____



Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Physician's Name _____ Phone _____

Physician's Address _____ City _____ State _____ Zip _____

Dentist's Name _____ Phone _____

Insurance Company _____ Contract # _____

Through (Employer) _____ Insured Name _____

Emergency Contacts:

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



Boys/Pixies 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: _____

Continue on back



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 #
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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: _____

