

Camp Rock and Roll

Adult Registration Packet

Camp Rock and Roll
Day Camp 5B

Monday - Friday

June 12 - 16, 2023

Kathryn Stagge Marr
Community Park

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

Registration Deadline: April 30, 2023

Adult trainings

Thursday, May 25, 2023

6:00-9:00 p.m.

or

Saturday, May 27, 2023

9:00 a.m.-12:00 p.m.

Trinity UMC



Open for new about Day Camp!

13697/2023



Core Team Contact Information

Day Camp Director:	Elizabeth Erb	513.324.4357
Business Director:	Jennifer Horning	513.382.6527
Registrar:	Analisa Charlton	231.373.4321
Nurse:	Rita Hill	513.910.1668

Or email the committee at [**DayCamp5Bisfun@gmail.com**](mailto:DayCamp5Bisfun@gmail.com)

Adult Volunteers Needed:

As day camp is staffed entirely by adult volunteers, we would like to invite you to join us in keeping the tradition and fun of day camp alive by volunteering at camp. Volunteer-led day camps are run by a dedicated team of specially trained volunteer directors 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.** A background in Girl Scouting is not necessary. Your volunteering allows up to six more campers to participate.

Girl Scouts of adult volunteers will receive a reduced rate on their day camp fees dependent on how many days the volunteer is at camp. ***See Camper Registration for details.**

All volunteers must complete the Adult Camp Registration, Health History, and Code of Conduct forms 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 volunteers.*

A pixie and/or boys unit will be offered. Cost is \$12 per child. Please indicate on your adult form if you have a pixie or boy and fill out a camper form - health forms, etc.

Below you will find basic information about day camp. Detailed information and instructions will be sent in a confirmation email after you have registered. For additional questions or concerns please contact the Day Camp Staff by email at DayCamp5Bisfun@gmail.com. Please put Day Camp 2023 in the subject line.

Directions to camp: Kathryn Stagge-Marr Community Park is located at 6662 Goshen Road. Traveling from State Route 28, turn south on Goshen Road. The park is located on the left side of the road, almost immediately after passing Goshen Middle School.

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. Please ensure any allergies are recorded on your Girl Scout Health History form.

Food: Lunch will not be provided this year, except for Friday. See the confirmation packet for suggestions on what to bring.

Clothing: Getting wet and dirty is part of the fun of camp, so proper dress for the weather is necessary. No halters, t-straps, spaghetti strap tank tops, flip-flops, crocs, or sandals. Wear closed-toe sturdy shoes, ankle-high (or higher) socks and head cover and bring rain gear. Please set a good example for the campers. Camp is not cancelled because of rain. Regular tank tops that completely cover you are okay ('3 finger straps').

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. This insurance provides up to a specified maximum for medical expenses incurred because of an accident while a member is participating in an approved Girl Scout activity, after the individual's primary insurance pays out.



Space at camp is limited by the number of adult volunteers. Campers who register with an adult will be given preference. Our units will be reduced in numbers this year.

Activity Costs:

Adult Registration (patch included)	No fee
Membership fee for non-registered adults (Adults participating in camp must be registered as Girl Scouts.)	\$25
Pixie or Boys	\$12
Day camp T-shirt (Free shirt for 5-day Volunteers)	\$10 (optional)

Make checks payable to Girl Scouts of Western Ohio. Complete the registration, adult medical history, and code of conduct form returning with payment, by **April 30, 2023** to:

Analisa Charlton
6329 Paxton Woods Dr.
Loveland, OH 45140

Do not put directly in Analisa's mailbox!
Use provided bin on her porch.

Do not send 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.

Confirmation Email: If you have not received a camp confirmation email by May 12, 2023 please contact Day Camp staff by email at DayCamp5Bisfun@gmail.com. Please put 'Day Camp 2023' in the subject line.

Refund Policy: Money will not be refunded for the Girl Scout Registration.

Training is mandatory. Training dates: **Thursday, May 25, 2023** from 6:00-9:00 p.m. or **Saturday, May 27, 2023** from 9:00 a.m.-12:00 p.m. Location: Trinity UMC. You only need to attend one of the two trainings; however you may come to both if you prefer.

Ways adults can help:

☐ **Adults are needed as unit leaders.** Unit leaders are the backbone of camp. You will have fun with girls, while taking part in exciting camp activities that are pre-planned by administrative staff volunteers. The more unit leaders we have, the more girls get to experience the joy of camp. The unit leaders also have the opportunity to assist campers with decision making as they plan their unit activities for the week. Priority registration is provided to children whose parent/caregiver volunteers as a unit leader all week. All unit leaders must have a valid driver's license and an insured vehicle at camp. We prefer a full five-day commitment, but if you can only help a few days, that is okay.

☐ **Adults are needed as activity leaders.** The activity leaders will run one or more planned activities. These activities could include outdoor skills, outdoor cooking, archery, slingshots, fishing, nature hikes, etc. Please include on the registration packet any activities that you feel comfortable leading. Our activity leaders do not need to commit to the entire week of camp, let us know your availability and we will schedule to that.

Activities to choose from:

- | | |
|------------------------------------|--------------------------------------|
| <input type="radio"/> Nature Hikes | <input type="radio"/> Fire safety |
| <input type="radio"/> Letterboxing | <input type="radio"/> Leave no trace |
| <input type="radio"/> Orienteering | <input type="radio"/> Knife safety |
| <input type="radio"/> Knot tying | <input type="radio"/> Compass skills |

Activities that need council facilitator training:

- | | | | |
|----------------------------------|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fishing | <input type="checkbox"/> Slingshots | <input type="checkbox"/> Outdoor cooking |
|----------------------------------|----------------------------------|-------------------------------------|--|

☐ **Adults are needed to stay overnight with the PAs and Cadette units.** The program aides spend the night all week from Sunday evening until Friday evening. We need adults to spend the night to meet adult/girl ratios and so that we can evacuate quickly if necessary. This can be an adult that is a registered Girl Scout and not necessarily at camp during the day. Our Cadette units also spend one night each.

☐ **Adults are needed for Camp Setup and for Camp Take Down.**



Volunteer's Name: _____ Phone: _____

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

Email: _____ Cell Phone: _____ DOB: _____

Are you a registered Girl Scout? ☐ Yes ☐ No 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

☐ Check box if not currently registered as a Girl Scout. All adults must be registered Girl Scouts to attend day camp. (Please submit your \$25 registration fee to be a Girl Scout.)

☐ Re-registering Girl Scout ☐ New Girl Scout

I would like to be a unit leader and work with: (We will try to honor requests, but our priority is to fill spots that are needed to provide camp for everyone.)

☐ Daisies ☐ Brownies ☐ Juniors ☐ Cadettes - LiA (stay overnight Wednesday)

Pixies Boys

Cadettes - PAT (stay overnight Thursday)

I am available all 5 days ☐ Yes ☐ No I am available on: M T W Th F

There is an adult at the camp I would like to work with: _____

I have a pixie or boy attending with me (fee \$12). _____

I would like to be an activity leader and lead:

☐ Nature Hikes

☐ Knot tying

☐ Knife safety

☐ Letterboxing

☐ Fire safety

☐ Compass skills

☐ Orienteering

☐ Leave no trace

I have council facilitator training and would like to lead:

☐ Archery

☐ Fishing

☐ Slingshots

☐ Outdoor cooking

☐ **I would like to help by being available at the last minute to fill in if a unit leader or activity leader gets sick.**

I will attend day camp training (**mandatory**) on:

☐ Thursday, May 25, 2023 from 6:00-9:00 p.m.

☐ Saturday, May 27, 2022 from 9:00 a.m.-noon.

Dietary preferences or restrictions: (for outdoor cooking menus)

None ☐ Vegetarian ☐ Vegan ☐ Kosher ☐ Halal ☐ Other _____

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

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



Do not send camp registrations to the Girl Scout Center.

Total Fees (payable to GSWO)	
Registration Fee for non-Girl Scouts \$25 (if applicable)	\$
*Adult T-shirt (optional) \$10	\$
Pixie or Boys \$12	\$
Total Due	\$

**Mail completed Adult Registration Form,
Adult Medical History Form,
Code of Conduct with fee (if applicable)
to
Analisa Charlton
6329 Paxton Woods Dr
Loveland, OH 45140**

*NOTE: The Adult T-Shirt is free for 5-day volunteers.

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



Adult Camp Code of Conduct

I, _____ (Adult's name), understand that my attitude and behavior is critical to my success and the success of others during camp. Therefore, for the good of all, I agree to abide by the following:

1. I will be sensitive to the needs of all others at camp by performing my assigned duties, including but not limited to making sure my unit is participating in all camp activities, kapers, all-camp kapers, mealtime cleanup, etc.
2. I will respect the places and the people with whom I come in contact. This includes not leaving my unit unnecessarily or without coordinating with other adult(s) in my unit. I will follow the Girl Adult ratio that is needed for the age level I am working with.
3. I understand that the use of profane language and gestures 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, threats or intimidation of physical injury. I understand this can affect my eligibility for 5B camp next year.
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. There will be a designated smoking area away from any camp activities, but we encourage you to refrain from smoking as much as possible. The no smoking policy is in effect during set up, tear down, before and after camp, as well as during camp hours for yourself as well as anyone else that came with you to help.
9. I will arrive on time and not leave before the designated dismissal time unless otherwise coordinated with my other unit leader and day camp staff.
10. I will work with the day camp core staff, other adults volunteering at camp, and the PA's in my unit. I will resolve any issues before or after camp and not in the presence of campers.
11. I understand that if I do not abide by the guidelines listed above, the camp director will notify me, 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.
12. I understand that I am making a commitment to be at camp when I say I will, and if I do not fulfill or threaten not to fulfill this commitment, I will not be able to return to camp the following year. Also subjected to late fee and space permitted.

Adult's Signature

Date



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: _____

Continue on back



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 of 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: _____

