

# Camp Rock and Roll

## **Program Aide 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**

**\*Seniors Only\* Mandatory training**

**June 2-4, 2023**

**Mandatory weekend training (all ages)**

**June 3-4, 2023**



## Open for new about Day Camp!



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**Dear Caregiver:**

Thank you for your interest in sending your Girl Scout to volunteer day camp. At 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 PA Registration, Health History, and Camper Code of Conduct Forms found in this packet, for each program aide.

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 after you have registered. For additional questions or concerns, please contact the day camp directors.

<b>Day Camp Director:</b>	<b>Elizabeth Erb</b>	<b>513.324.4357</b>
<b>Registrar:</b>	<b>Analisa Charlton</b>	<b>231.373.4321</b>
<b>Nurse:</b>	<b>Rita Hill</b>	<b>513.910.1668</b>

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

Looking for additional outdoor activities for your Girl Scout? All of our summer camp and outdoor activities are listed on our website at [gswo.org/camp](http://gswo.org/camp).

**PA Training Weekend: Mandatory** overnight training for all PAs is Saturday and Sunday, June 3-4, 2023, at Camp Butterworth, Sassafras unit. PAs will need to arrive at 9:30 a.m. The training will end by noon on Sunday. More details will be included in the confirmation packet. (Senior PAs and Core staff will be camping Friday evening, arriving at 6:30 p.m.)

**PA Caregiver meeting:** We will have a PA caregiver meeting on Saturday, June 3, 2023 at 9:30 a.m. as well. We will hold the meeting as you drop off your PA for training. Please make every effort for at least one caregiver to attend this meeting.

**Adult Volunteers Needed:** Since the PAs stay at camp all week (Sunday–Friday) we need adult volunteers to help chaperon including staying overnight (counts for discount), transportation to evening showers, and picking up and delivering items. More information will come by email once your child has been accepted as a program aide for Day Camp 5B. Adults must be registered Girl Scouts and background checked to volunteer. There will be a signup genius for these.

## Camp Details:

**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.

**Food:** Lunch will not be provided this year. More information on what meals the PAs need to bring will be covered at the mandatory training.

**Caregivers:** If you feel this camp is unsafe or a hazard to children, you should contact **Clermont County Children's Services Department at 513.732.7173 or Clermont County Combined Health District at 513.732.7499.**



**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. Campers should give any medications the camper may need to the health supervisor or PA unit leader in the original container on the first day of camp. Be sure to include written instructions. Ensure any allergies or dietary restrictions are recorded on your Girl Scout's Health History form.

**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 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.

#### **Activity Costs:**

Program Aides (going into grades 8-12) and earned their PA pin	\$ 65 (T-shirt/patch included)
Discount for camper of adult volunteer	-\$ 4/day (\$20 for 5 days)
Membership fee for non-registered girls and adults	\$ 25

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

Make checks payable to Girl Scouts of Western Ohio. Complete the registration, additional information and release forms and return with payment to:

**Analisa Charlton**  
**6329 Paxton Wood 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.

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

**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](mailto:DayCamp5Bisfun@gmail.com). Please put 'Day Camp 2023' in the subject line.

**Refund Policy:** 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 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 (by June 30, 2023) from the end of camp to: [DayCamp5Bisfun@gmail.com](mailto:DayCamp5Bisfun@gmail.com). Please use subject of **Day Camp 2023 refund**.





Program Aide's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

School: \_\_\_\_\_ County: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2023: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Caregiver's email: \_\_\_\_\_

Troop Leader's Name or Troop #: \_\_\_\_\_ Service Unit Name or #: \_\_\_\_\_

☐ Check box if not currently registered as a Girl Scout. (Please submit your \$25 registration fee to be a Girl Scout with your camp fee.)

☐ Re-registering Girl Scout ☐ New Girl Scout

Custodial Care: ☐ Mother only ☐ Father only ☐ Both ☐ Other \_\_\_\_\_

Dietary preferences or restrictions: (for outdoor cooking menus)

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

☐ **Program Aide** - Girl Scout Cadettes/Seniors/Ambassadors (Going into Grade 8 – 12 in fall 2023)

I have earned my PA pin ☐ Yes ☐ No Date: \_\_\_\_\_ Location: \_\_\_\_\_

T-Shirt Size: ☐ Adult ☐ SM ☐ MED ☐ LRG ☐ XL ☐ XXL ☐ XXXL

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

\$ \_\_\_\_\_ Amount family can pay (applicants must pay 50% of the fee)

+ \$ \_\_\_\_\_ Financial assistance requested

= \$ \_\_\_\_\_ TOTAL

☐ I give full permission for my daughter/son 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.

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

TOTAL FEES	
Day Camp Fee	\$
Volunteer discount (-\$4/ day)	\$
Registration Fee for non-Girl Scouts (if applicable) \$25	\$
Cookie Dough	\$
Late Fee (\$25) after 4/30/2023	\$
Financial assistance requested	\$
<b>TOTAL</b>	<b>\$</b>

Mail completed application form, additional information and release form, health form, photo release, and camp code of conduct form with fee to:

Analisa Charlton  
6369 Paxton Woods Dr  
Loveland, OH 45140

Deadline: 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. After April 30, 2023, registrations will only be accepted based on unit availability. A \$25 Late Fee will be charged. **Camp fee must be received to confirm spot.**

\*Cookie Dough – Must fill out the form at [gsw.org/cookie dough](https://gsw.org/cookie dough). Enter your Cookie Dough redemption code in the "Cookie Dough Code" box and your camp code in the "Event/Camp Details box. Camp ID: 5bcamps.





## Program Aide Application

### For girls entering Grades 8–12 only

A Program Aide (PA) is a Girl Scout who is interested in sharing her interests and experiences with younger girls in a troop, group or camp setting. Being a PA at Day Camp VB is a leadership opportunity for girls to develop skills while giving service to others. Duties could range from leading games and songs, assisting in crafts or activities to helping set-up or clean-up. Please complete the following information for consideration.

Criteria to apply:

- ☐ Has completed the grade 7
- ☐ Has attended a Girl Scout Camp previously
- ☐ Has earned her PA Award (LiA, core training, six sessions working w/ younger girls)
- ☐ Is interested in giving time and service to enhance this camp experience for younger girls

Name: \_\_\_\_\_ PA Name (if known): \_\_\_\_\_

Have you attended Day Camp 5B previously? ☐ Yes ☐ No

If yes, please list the years \_\_\_\_\_

Do you have PA experience? ☐ Yes, 2023 will be my 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> (circle one) year as a PA at this camp ☐ No

As a PA at Day Camp VB, please list the assignments that you have had in the past: \_\_\_\_\_

\_\_\_\_\_

If elsewhere, please detail the experience(s): \_\_\_\_\_

\_\_\_\_\_

As you know, tradition is our PAs move in on Sunday late afternoon and camp all week until packing up Friday after camp. This year we are offering the chance to come for extended days, with just one overnight on Thursday. Please choose an option:

- ☐ Move in Sunday, Go home Friday, with a choice of one night at home
- ☐ Come Sunday - 6:00-9:30 p.m., M, T, W - 8:00 a.m.-9:30 p.m., Th - 8:00 a.m.-Fri. - 5:30 p.m.

Please give 3 reasons why you would be a great PA at camp: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your favorite thing about working with younger girls? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please make sure you complete all of the forms and send them and payment in on time. We do give priority to girls who bring an adult volunteer with them. We must do that to have enough adults to staff the camp. If you are not accepted for our day camp, we will mail your check back to you. Please contact the Girl Scout Center at 888.350.5090 for other program aide opportunities or to find out about the new requirements for Girl Scout Cadette Program Aide Awards and Counselor-In-Training Awards.



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[illegible]

#1—Very skilled, I am happy to teach this skill to younger campers on my own  
 #2—Somewhat skilled, I can help someone else to teach this skill to younger campers.  
 #3—Limited experience, I would like to learn more and share with others.  
 #4—No experience, I have **never** performed this skill, but I am happy to learn.  
 NI—I have no experience and am not interested in learning this skill

[illegible]

## 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 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: \_\_\_\_\_



## 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 unit 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. 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.
10. If applicable: I will follow the current covid safety guidelines at the gsw.org website.
11. I will submit any sport practices, play practices, doctor appointments, or other reasons for leaving camp to the camp directors by June 1 in writing. Notes must be signed by a parent.
12. I understand that camp is mainly cell phone free. If phones are brought to camp, they can only be used during hours set by the directors. If a PA needs to use a phone during camp, they will need to ask an adult staff member to make the call. Caregivers, if you need to reach your daughter, contact Elizabeth Erb at 513.324.4357 or one of the numbers listed.
13. I understand being able to have a car at camp is a privilege, and I acknowledge I will not provide transportation for other Girl Scouts during camp.

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. **I will not receive a refund and I understand this can affect my eligibility for 5B camp next year.**

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

