

# Out of This World Day Camp 7A Camp Timberhill



You are what Girl Scouts is all about. Your dreams, ideas, and ambition are our DNA. Want to shoot a movie, build a robot, speak up for what you believe in, plant a garden, help others, or change a law? We've got all the tools you need. Is the world getting you down? We're not only here to lift you up but also to guide you in growing the confidence to rise above. Whether you're climbing to the top of a tree or to the top of your class, being a Girl Scout will get you there. Because Girl Scouts isn't just another activity—it's a way of life. It's part of who you are.

**Monday.-Friday  
June 19-23, 2023  
9:00 a.m. - 4:00 p.m.  
Camp Timberhill  
Registration Deadline:  
Friday, May12, 2023**

## Questions?

**Contact:** Jenni Kim, camp director, at 513.407.0838 or [niihkadaycamp@gmail.com](mailto:niihkadaycamp@gmail.com)

13466/2023





Dear Caregiver:

Thank you for your interest in sending your Girl Scout to volunteer day camp! At day camp, girls will Discover, Connect, and Take Action as they learn to live the Girl Scout Law and make a difference in the world. They 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.

We hope you will see the value in this progressive opportunity, and will help keep the history and tradition of the day camp alive by volunteering at camp with your Girl Scout. Volunteer day camp is run by a dedicated team of specially trained volunteers who work year round to make this enriching opportunity possible. Volunteer day camps are staffed completely by volunteers, so we welcome moms, dads, aunts, uncles, grandparents and other adult friends to volunteer. A background in Girl Scouting is not necessary. 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 and PAs. The PA training will be held on Saturday, February 25 or Saturday, March 25, 2023 at One Community Church in Monroe. There will also be a mandatory expectations meeting for all PAs closer to camp time - date, time and location TBD. Volunteer training will be held in May - date, time, and location TBD.***

For continued progressive opportunities in Girl Scouts, we also offer many other outdoor and camp opportunities listed on our website at [gswo.org](http://gswo.org).

Below 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 Jenni Kim, Camp Director, at 513.407.0838 or by email at [niihkadaycamp@gmail.com](mailto:niihkadaycamp@gmail.com).

**Transportation:** Transportation will be the responsibility of the caregivers. If you can provide transportation for a carpool or need help from one, contact the camp director and we will try to help.

**Directions to camp:** Camp Timberhill is located at 3976 Hamilton Middletown Rd. This is off Route 4 between Bypass 4 and Liberty Fairfield Road.

**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 a water bottle daily unless otherwise notified.

**Clothing:** Proper dress for the weather is necessary. No halters or sandals. Wear sturdy shoes, socks, and bring rain gear. Separate shoes for creeking will also be needed. 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 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.

**Caregivers:** If you feel this camp is unsafe or a hazard to children you should contact Butler County Children's Service Department at 513.887.4055 or butler County Combined Health District at 513.863.1770.

## Activity Costs:

|   |       |
|---|-------|
| Boys: Age 6-12 (T-shirt not included)   | \$ 25 |
| Boys/Pixies: Age 3-5, children of 5 day volunteers (T-shirt not included)         | \$ 25 |
| Girl Scout Daisies, Brownies, Juniors, Cadettes (Grades 6-8), CSA Unit            | \$ 80 |
| Girl Scout Daisies, Brownies, Juniors, Cadettes, CSA Unit of 5 day                | \$ 70 |
| volunteers PA's/Seniors/Ambassadors (Grades 7-12, Not in CSA Unit)                | \$ 25 |
| Membership fee for non-registered girls and adults                                | \$ 25 |
| <i>(All girls and adults participating in camp must register as Girl Scouts.)</i> |       |
| T-shirt for Boys/Pixies who would like one (optional)                             | \$ 10 |

***Make checks payable to Girl Scouts of Western Ohio.*** Complete the registration, additional information and release forms and return with payment to: **(Sandy Combs, 31 Irene Ave., Hamilton, OH 45011).** **Do not send registrations to the Girl Scout Center.** All registration 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 \$40.00 (50 percent) 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. 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 from the end of camp to:

**Sandy Combs  
31 Irene Ave.  
Hamilton, OH 45011**



Camper Registration Form  
Out of This World Camp 7A  
June 19-23, 2023

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 \_\_\_\_\_

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.*

☐ Boys/Pixies Age \_\_\_\_\_

☐ Girl Scout Daisies (Grade K-1)

☐ Girl Scout Brownies (Grades 2-3)

☐ Girl Scout Juniors (Grades 4-5)

☐ Girl Scout Cadette (Grade 6-7)

☐ Girl Scout CSA Unit (Grades 7-12)

☐ Program Aide (Grades 7-12)

☐ 1<sup>st</sup> year PA (7-12)

☐ I would like my daughter to take PA training at camp

☐ I have taken or intend to take PA training. Date: \_\_\_\_\_

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

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

☐ XXX-Large

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

\_\_\_\_\_  
\_\_\_\_\_

\$\_\_\_\_\_ Amount family can pay (applicants must pay \$40.00 [50%] of the fee)

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

=\$\_\_\_\_\_ Total

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: \_\_\_\_\_



|   | 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 (\$10, <b>boys or pixies only</b> )   | \$ |
|   | <b>TOTAL</b>   | \$ |

Mail completed Registration Form, Additional Information, Release and Health Form and Photo Release with fee to:

**Sandy Combs  
31 Irene Ave.  
Hamilton, OH 45011**

Deadline: Registrations will be accepted until May 12, 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 #: \_\_\_\_\_

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**Insurance Information:**

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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: \_\_\_\_\_

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**Emergency Contact Information**

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Emergency contact in case we can't reach caregiver:

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

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**Caregiver Permission and Consent to Treatment**

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(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, 2023.

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

# Release Form - Minor

## Photo Release For Minors



Date(s): Monday-Friday, June 19-23, 2023

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Day Camp 7A Out of This World

Location: Camp Timberhill, Hamilton, OH

Activity: Building girls of courage, confidence, and character, who make the world a better place.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I hereby grant to Girl Scouts of Western Ohio, and others working for Girl Scouts of Western Ohio or on its behalf, and each of its respective licensees, successors and assigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively, "Media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by Girl Scouts of Western Ohio, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the Media.
2. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on Girl Scouts of Western Ohio to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by Girl Scouts of Western Ohio.

Name of Minor (please print): \_\_\_\_\_

Address: \_\_\_\_\_

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

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Additional Phone (optional): (\_\_\_\_\_) \_\_\_\_\_

Release for minors (those under the age of eighteen): I, the undersigned, being a caregiver of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

Name of Caregiver (please print): \_\_\_\_\_

Signature of Caregiver (Required): \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Caregiver Email Address\*: \_\_\_\_\_ @ \_\_\_\_\_

(\*will not be used for any other purposes or distributed to third parties)

Region: \_\_\_\_\_ Troop#: \_\_\_\_\_ Service Unit: \_\_\_\_\_

05-9001-02/2022





Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

We need your help! Our day camp is staffed entirely by adult volunteers. A Girl Scout background is not necessary. Training, which will prepare you for your role at day camp, is mandatory. Childcare is available at a nominal fee for our adult volunteers while they are at camp. Your non-Girl Scout children, ages 3 (toilet trained)–12, may attend camp in their own units. Children of unit leaders working five full days will receive a reduced rate on their day camp fees.

All unit leaders must complete this form, as well as the Health History and Photo Release forms found in this packet. 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.

Adults are needed as unit leaders. Unit leaders will have fun with girls, while taking part in exciting camp activities that are pre-planned by administrative staff volunteers. They will also have the opportunity to assist girls in decision making as campers plan their unit activities for the week. Unit leaders must attend training, which will prepare them for their role at camp. Priority registration is provided to children whose parent/caregiver volunteers as a unit leader all week.

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

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

☐ Re-registering Girl Scout ☐ New Girl Scout

Do you have camping experience? ☐ yes ☐ no

I would like to help with the following age group: (Grades are for the 2022/2023 school year)

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

☐ Daughter's unit ☐ Boys (ages 6–12) ☐ Pixies (ages 3–5; must be potty trained)

T-shirts: Shirts cannot be returned or exchanged. If in doubt, order the next larger size. T-shirts are provided for adults working three to five days of camp. Adults working less than three days, who want a T-shirt, should send \$5 with their camp registration.

Sizes: Adult: ☐ Sm ☐ Med ☐ Lrg ☐ X-Lrg ☐ XX-Lrg ☐ XXX Lrg

☐ I would like to purchase an optional T-Shirt for \$10.

**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.*

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_



| TOTAL FEES   |    |
|--|----|
| Registration Fee for non-Girl Scouts (\$25, if applicable; or you can register online at <a href="http://gswo.org">gswo.org</a> .) | \$ |
| Optional T-Shirt (\$10, part-time volunteers)  | \$ |
| TOTAL DUE  | \$ |

**Mail completed Adult Registration Form, Adult Medical History, and Photo Release with fee (if applicable) to:**

**Sandy Combs  
31 Irene Ave.  
Hamilton, OH 45011**

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



# Release Form - Adult

## Photo Release For Adults



Date(s): Monday-Friday, June 19-23, 2023

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Day Camp 7A Out of This World

Location: Camp Timberhill, Hamilton, OH

Activity: Building girls of courage, confidence, and character, who make the world a better place.

### RELEASE FOR ADULTS

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I acknowledge that I am eighteen (18) years of age or older. I hereby grant to Girl Scouts of Western, and others working for Girl Scouts of Western Ohio or on its behalf, and each of its respective licensees, successors and assigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively, "media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by Girl Scouts of Western Ohio, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the media.
2. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this release will create any obligation on Girl Scouts of Western Ohio to make any use of the media or the rights granted in this release. I hereby release and hold harmless Releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this release and any use of the media by Girl Scouts of Western Ohio.

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

Name (please print): \_\_\_\_\_

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

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Additional Phone (optional): (\_\_\_\_) \_\_\_\_\_

Email Address\*: \_\_\_\_\_@\_\_\_\_\_

*(\*will not be used for any other purposes or distributed to third parties)*

Region: \_\_\_\_\_ Troop#: \_\_\_\_\_ Service Unit: \_\_\_\_\_

