

Back to the Basics!

Timber Hill Day Camp 8B



Girls will have fun learning about and interacting with a variety of nature activities. They will also enjoy all the camp basics like creeking, crafting, songs, archery, sling shots, and an overnight.

Program Aide Packet

For girls who are already Program Aide (PA) trained

Monday-Friday
June 12-16, 2023
9:00 a.m.-3:00 p.m.
Girl Scout Day Camp 8B
3976 Hamilton Middletown Rd.
(Route 4)
Fairfield Township, OH 45011

Cost is \$75 and includes the T-shirt.

Registration Deadline:
Wednesday, April 5, 2023

Questions?

Contact: Sam Donohue at 513.374.9665 or girlscouttimberhillpas@gmail.com.





Dear Caregiver:

Thank you for your interest in volunteer day camp. Through day camp, girls will have the opportunity to try new things and meet new people in a fun, safe and nurturing environment. Girls will participate in a variety of outdoor activities and Girl Scout activities led by trained volunteers. Girls entering grades 4–5 this fall may stay later for twilight camp (dinner and campfire) **Wednesday, June 14, 2023. Pick up at 8:30 p.m. Girls entering grades 6-12 may stay overnight. If there are extreme weather predictions, the twilight/overnight will be canceled.**

Our day camp will be staffed entirely by adult volunteers. Plan to enjoy this experience with your daughter. **We need your help!** Adults are needed as unit leaders who will enjoy camp activities with the girls that are pre-planned by administrative staff volunteers and assist girls in decision making as campers plan their unit activities for the week. **Girl Scout Junior unit leaders need to stay for Twilight activities and Cadette unit leaders need to stay overnight on Wednesday.**

Moms, dads, aunts, uncles, grandparents and other adult friends are welcome. A Girl Scout background is not necessary. Volunteers are asked to fill out the forms in the Adult Registration Packet. You may be asked to complete a Girl Scouts of Western Ohio Volunteer Application, a background check and become a registered member of Girl Scouts, depending on the volunteer role you choose to fill. **Contact Sam Donohue at girlscouttimberhillpas@gmail.com or 513.374.9665 for more information. Children of unit leaders working five days will receive a reduced rate on their day camp fee.** Your non-Girl Scout children, ages two (toilet trained) through 5, may attend camp in the Pixie unit. **We need help to set up camp (dads especially needed) on Saturday, June 10, and to take down camp on Friday, June 16, 2023.**

Training is mandatory for all adult volunteers and girls training to be program aides.

We are planning an in-person training for program aides on Wednesday, May 31 from 6:00-8:00 p.m.

Program Aide Requirements: Girls (entering grades 8 through 12 in the fall of 2023) must have completed their Leader in Action Award and Program Aide Leadership/Core Training before camp begins. Girls who have previously served as PAs are not required to repeat the LiA and Core Training. **PAs must attend our day camp training. Email the PA Unit Leader at girlscouttimberhillpas@gmail.com if you have a question about the training or cannot attend the day we choose.**

Transportation: Girls will be transported to and from camp by caregivers. **Program aides are not permitted to drive to camp.** Drop off at camp will be 8:15 a.m. for adult volunteers and program aides. Pick up will be 3:00-3:20 p.m. More information will be in the confirmation packet.

Activity Costs: Includes a patch and a camp T-shirt for all campers.

Adults volunteering for five days will get a \$15 per camper discount on the price below. Send the discounted amount with the registration form.

PA's (Grades 8–12 in the fall of 2023 and has completed PA training)	\$75
Membership fee for non-registered girls & adults	\$25

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

888.350.5090 | gsw.org
customer care@gsw.org



In Partnership With:



T-Shirts: Included in the fee for all campers and provided for volunteers working three to five days. Volunteers working less than three days may purchase a camp T-shirt for \$7. Be sure to order the correct size on the registration form. Once T-shirts are ordered, they cannot be returned or exchanged. If in doubt, order the next larger size.

Registration Procedure: Print forms single sided. Drop off completed forms in the porch bin at Sharon Stacy's house or Nicole 's house (addresses below). You may mail the forms to Nicole, but since mail service is slow, make sure you allow extra days for on time delivery. Please email (girlscouttimberhillpas@gmail.com) if you mail your forms. No emailed forms will be accepted. Girls will be accepted on a first-come, first-served basis based on the number of adult volunteers available and according to postmark/drop off date. Priority will be given to girls with a caregiver who is volunteering all week. If your daughter would like to attend camp with a friend, send registrations and fees for the girls in the **same envelope**, preferably 2, max of 3 girls in the buddy group. **Buddies must choose each other and be of the same age level.** Remember that buddies are not a requirement. Most campers come to camp without a buddy and make new friends quickly. Non-Girl Scout friends are welcome, but must become registered Girl Scouts. A confirmation email will be sent by April 28th indicating acceptance into camp. Checks will be deposited prior to April 28th.

Make Checks Payable To Girl Scouts of Western Ohio: Drop off or mail the Registration Form, Health Form, High Risk Form (only grade 4 and older for archery), Twilight/Overnight Permission Form (Girl Scout Juniors and Cadettes), Camp Code of Conduct and Fee to either :

Nicole Van Houten
5648 Neptune Way
Fairfield, OH 45014
Extra postage may be required.

Sharon Stacy
3210 Tuscarora Court
Hamilton, OH 45011
Extra postage may be required.

Financial Assistance/Cookie Dough: 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. If the full amount requested is not awarded, payment for the remainder of the balance must be worked out with the day camp. If the family cannot pay 50 percent, contact Brenda Van Houten at 513.874.3481. Digital Cookie dough may be used for full or partial payment for camp. Note amount of cookie dough being used in the box on the registration form.

Refund Policy: No refunds are given for day camp except for the following reasons:

1. Cancellation: If the week of day camp is canceled or if camp capacity is reached and no other camp is attended, you will receive notice and a refund from the day camp.
2. Illness or accident: The day camp fee is refundable with a physician's statement.
3. Transfer: If a child moves from Girl Scouts of Western Ohio's jurisdiction prior to the first day of camp, a refund will be issued.
4. Summer School: If mandatory attendance is required at summer school, a refund will be given.

Camper's Name: _____ Phone: _____

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

School: _____ County: _____

DOB: _____ Age: _____ Grade in Fall: _____

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

Who will bring your PA to camp? (Program aides are not permitted to drive to camp.)

Driver's name: _____

T-shirts (included in fee): T-shirts cannot be returned or exchanged. If in doubt, order the next larger size.

T-Shirt Sizes: Youth XS (2-4) SM (6-8) MED (10-12) LRG(14-16)

Adult S M L XL XXL XXXL

Camp Registration	
Day Camp Fee \$75 minus discount (if applicable)	\$
Membership Fee for non-Girl Scouts (if applicable)	\$
Digital Dough	- \$
Financial Assistance Amount Requested	- \$
TOTAL Due	= \$

Membership Fee: All campers must be registered Girl Scouts. To join Girl Scouts, the fee is an additional \$25 for membership through September 30, 2023.

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% 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.

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 activities, except those noted. I agree to cooperate with the camp guidelines. 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.

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, based on Girl Scouts of Western Ohio and state guidelines. I will hold Girl Scouts of Western Ohio harmless and waive all rights to legal action, if my daughter contracts COVID through exposure at a Girl Scout event.

Caregiver Signature: _____ Date: _____

Deliver or mail completed Registration Form, Health Form, High Risk Form (Grade 4 & older for archery), Twilight/Overnight Permission Form (JR/CD), Code of Conduct and fee to: **Nicole Van Houten**
5648 Neptune Way
Fairfield, OH 45014

Deadline: Print forms single sided and mail or deliver by April 5th. 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 CODE OF CONDUCT

I, _____ (Camper's name), understand that my attitude and behavior are important to my success and the success of others during camp. I will follow the Girl Scout Promise and Law and agree to the following:

1. I will be sensitive to the needs of my fellow campers by performing my assigned duties including unit and all-camp kapers and participate in all camp activities.
2. I will respect the spaces and the people at camp.
3. I will be responsible for my personal belongings.
4. I will treat equipment and people with care.
5. I will use any safety equipment provided for my own protection.
6. I understand that I will be sent home for any and all acts of physical aggression (including hitting, kicking, biting, hair pulling) and threats or intimidation of physical injury.
7. I understand that the use of bad language is not allowed.
8. I understand that the use of alcohol, tobacco or drugs is prohibited.
9. I will follow the current COVID Safety guidelines located at [gsw.org](https://www.gsw.org).
10. I understand that if I do not abide by the guidelines listed above, the camp director will notify my caregivers, 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.
11. I will use my cell phone only for emergencies and leave it in my backpack at all times.

This form must be signed by both the camper and the caregiver and brought to camp on the first day.

Camper's Signature

Date

I have read and understand and agree with the above responsibilities of my camper.

Caregiver's Signature

Date

Program Aide Information Form Day Camp 8B—Back to the Basics!

Program aides will be assisting girls and adults with outdoor program activities during day camp. Program aides must be entering grades 8–12 in the fall of 2023. Priority will be given to girls who can attend all five days of camp. In addition, program aides must have completed their Leader in Action Award, Program Aide Leadership/Core Training and Day Camp Training before camp begins. Girls who have previously served as PAs are not required to complete the LiA or repeat the PA Leadership/Core Training. **PA's, please note, we are asking you to share some additional information about yourself on the next page to help us prepare for camp.**

Caregivers please complete this section:

- ☐ No, my daughter _____ will not be attending the overnight at Timber Hill on Wednesday, June 14.
- ☐ Yes, my daughter _____ has my permission to attend the overnight at Timber Hill on Wednesday, June 14.

Since we have a limited number of bunk beds at camp, we need to borrow family tents for the overnight. Please send the directions for putting up the tent.

- ☐ We have a tent that sleeps _____ people that my daughter will bring for the overnight.

Please check daughter's prior camp experience:

- ☐ Tent ☐ Lodge ☐ Family ☐ Troop ☐ Other _____

Caregiver's Name (please print): _____

Caregiver's Signature: _____ Date: _____

Phone number(s) where you can be reached during this activity: _____

Program aides, please complete this section and the back of this form:

Name: _____

PA "Camp Name": _____ 2023 will be my 1st 2nd 3rd 4th 5th (circle one) year as a PA at day camp.

- ☐ I have already completed **-or-** ☐ I will complete the Leader in Action Award (LiA) by (date): _____
- ☐ I have already taken **-or-** ☐ I will take Program Aide Leadership/Core training on (date): _____



***** **More About You** *****

(please complete the information below)

Have you taken Inventure Games Training? ☐ Yes ☐ No

Do you plan to participate in archery during the PA scheduled time? ☐ Yes ☐ No

Please list (3) reasons why you would be a good program aide this year at day camp.

1. _____
2. _____
3. _____

What are your (2) favorite activities at camp?

1. _____
2. _____

Name one specific activity you most want to do at camp this year: _____

Name one skill you would like to develop more at camp this year: _____

What ideas do you suggest for our Wednesday evening PA activity? _____

What ideas do you suggest for our all camp program during the Wednesday night overnight? _____

If you would like to connect to our closed Facebook group to share ideas with other PA's and receive additional camp information, you can find us at [North Star Camp Program Aides](#). Parents may also join.

Skill Sheet

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June 12-16, 2023

Name: _____ Camp Name: _____

This is your personal evaluation of your own skills in the indicated areas. Please honestly evaluate what you believe your skill level is in each area. This form also has room to indicate your preferred assignments.

Check the appropriate box on the left in each assignment preference.

Check the appropriate box on the right in each skill level.

#1-Very skilled, I can 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 can assist in this area.

#4-No experience, I have never performed this skill, but am happy to learn.

Assignment Preference			Skill	Skill Level			
				Great #1	Some #2	Little #3	None #4
Like	Dislike	Neutral					
			Outdoor Cooking				
			Box Oven				
			Buddy Burner				
			Charcoal Chimney				
			Dutch Oven				
			Stick Cooking				
			Foil Dinners				
			Fire				
			Building-wood				
			Building-charcoal				
			Clean up				
			Safety				
			Flag Ceremonies				
			Color Guard				
			Caller/Songs				
			Nature				
			Creeking				
			Hiking (Lead)				
			Trail Signs				
			Games/Activities				
			Crafts				
			Inventure Games				
			Parachute Games				
			Lemme Sticks				
			Skills				
			Compass				
			Knife Safety				
			Knots				
			Age Level Preference				
			Pixies				
			Daisies/Brownies				
			Juniors				



Participant Release and High Risk Form

This form must be completed by all participants (girls and adults) and brought to the first day of camp or activity/program event. Please check all the activities that apply and **sign the form on the back**

Participant's Name: _____ Grade: _____ Age: _____ Troop # _____

Name and Date of Session/Event: _____

Does this participant have any physical and/or mental health conditions, problems and/or disabilities, which may require accommodation or affect her/his safety and ability to participate in the activity?

YES **NO** If "yes" describe each:

The purpose of this form is to inform caregivers of the risk and to provide the opportunity for both their own evaluation of their participant's readiness for the activity and the reinforcement with their participant of the skills and behavior necessary to safely participate in the activity.

TRANSPORTATION PERMISSION

My daughter has my permission to participate in off camp activities as described in the program activity description. My daughter may also be transported to medical facilities/appointments if the need arises. I understand that she will be transported in a camp vehicle designed for passengers.

MEDICAL RELEASE/PERMISSION

My daughter is in good physical condition and has not had any serious illness or surgery since her last health examination. In case of an emergency, when I cannot be reached, I give permission for her to be treated by a qualified physician at the nearest hospital.

HIGH RISK ACTIVITY RELEASE

I understand that if it is included in the description of my daughter's camp session or program event, she may be participating in activities on and off camp property that are considered high risk. I feel that my daughter is developmentally ready, both physically and emotionally, and possesses the skills needed to participate in the activities I have marked below. I have discussed with my daughter the importance of following safety guidelines, while participating in high risk activities.

I understand the risks inherent in the below activities: (Check all that apply during the program activity you or your daughter are attending, or that she has permission to participate in if given the opportunity. Then sign the bottom portion on the back of this form.)

☐ Amusement Park Rides ☐ Archery ☐ Backpacking ☐ Bicycle Riding ☐ Canoeing/Kayaking

☐ Caving ☐ White Water Rafting

☐ *Challenge Course and/or Climbing Wall (continue to the following section – initial each paragraph, then sign the bottom portion on the back of this form.)

Please read carefully before initialing and signing. Serious physical or psychological injury may result from your participation in this activity. Girl Scouts of Western Ohio does not guarantee your safety.

****Please note that archery is the only available activity this form is needed for.**

05-2670-04/2022



WRITE INITIALS BELOW AFTER READING EACH SECTION

Caregivers must also initial for minors

____/____ I understand that my participation in this activity is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging and teaching techniques, but that my participation is purely voluntary. At all times, I will choose my level of participation in any activity. I have read the full value contract below, and agree to follow guidelines as presented.

____/____ I understand the employees of the Girl Scouts of Western Ohio have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child.

____/____ I understand that climbing, high challenge course, low challenge course, ground initiatives, zip line and other activities in the program for which I and/or my child have enrolled, entail risk. I elect to participate, or allow my child to participate, in spite of these risks.

____/____ **Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the Girl Scouts of Western Ohio, and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.**

____/____ I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

____/____ I grant the Girl Scouts of Western Ohio, and persons acting through them, the rights to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my child for use in materials they may create.

FULL VALUE CONTRACT

The Full Value Contract is a set of agreements designed to help groups create a positive, creative and safe learning environment. While particular groups may choose to add to this list, the basic tenets of the Full Value Contract that all participants are expected to uphold include the following:

- **BE SAFE:** Adhere to the safety guidelines so you are able to relax and feel comfortable.
- **BE COMMITTED:** Be present mentally, physically, and emotionally to achieve the group's goals.
- **BE RESPECTFUL:** Respect yourself and others, the instructors and the equipment.
- **CHALLENGE BY CHOICE:** You select the level of challenges you are willing to experience.
- **HAVE FUN:** You should balance fun and working to achieve goals.

By signing below, all participants and caregivers acknowledge they have read, understand, and agree to the terms of this document. One form per participant must be filled out. At least one caregiver must sign.

SIGNER STATEMENT OF AWARENESS

I/We, the undersigned, have read and do understand the foregoing type of activity, the risks of participation and warnings. I/We further attest that all facts relating to the participants physical condition and age are true and accurate.

Signature of Participant

Date

Signature of Caregiver #1

For _____
Name of Participant (Print)

Date

Signature of Caregiver #2

For _____
Name of Participant (Print)

Date

Address in full: _____

Home Phone #: _____

Bus. Phone #: _____

HEALTH INFORMATION AND RELEASE FORM



Health Information and Release Form

To be completed and reviewed annually by parent/caregiver or adult. This form should be kept with the troop/group records and accompany the troop/group leader on all troop/group activities. It is designed to provide the troop/group leader with the information needed to access medical care for your daughter. It should be reviewed and updated (as needed) when information changes.

Name: _____ Date of Birth: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ Troop/Group #: _____

PART I: PARENT INFORMATION AND RELEASE

She is under the custodial care of:

Both Parents _____ Mother/Caregiver only _____ Father/Caregiver only _____ Other (specify) _____

Mother/Caregiver Name _____

Address (if different than girl): _____

Employer: _____ Occupation: _____

Phone (day): _____ Phone (evening): _____ Cell Phone: _____

E-mail: _____

Father/Caregiver Name _____

Address (if different than girl): _____

Employer: _____ Occupation: _____

Phone (day): _____ Phone (evening): _____ Cell Phone: _____

E-mail: _____

PART II: EMERGENCY CONTACT AND RELEASE INFORMATION

In the event that I cannot be reached in an emergency, the following are authorized to act in my behalf:

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: _____

ADDITIONAL RELEASE INFORMATION:

In addition to the above parent(s)/caregiver(s) and emergency contacts, this participant may also be released to the following persons:

Name: _____ Relationship to Participant: _____

Name: _____ Relationship to Participant: _____

PART III: HEALTH CARE INFORMATION:

Physician's Name: _____ Phone: _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

Dentist's Name: _____ Phone: _____

Dentist's Address: _____ City: _____ State: _____ Zip: _____



PART IV: ALLERGIES (Check those that apply and specify nature of allergic reaction.)

☐ Animals ☐ Hay Fever ☐ Pollen ☐ Food ☐ Insect Stings ☐ Plants ☐ Penicillin
☐ Other Medicines/Drugs: _____ ☐ Other (specify): _____

Girl Scout Leaders do not administer over-the-counter medications for complaints such as headaches, fever, stomachaches, sunburn, etc. If those medications are needed, parents must supply them with written instructions.

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted:

PART V: OTHER HEALTH CONDITIONS (Check those that apply.)

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted:

☐ Asthma ☐ Bed Wetting ☐ Bleeding/Clotting Disorders ☐ Constipation
☐ Convulsions/Seizures ☐ Diabetes ☐ Emotional/Behavior Disturbances ☐ Ear Infections
☐ Fainting ☐ Hearing Impairment ☐ Heart Defect/Disease ☐ High Blood Pressure
☐ Hypertension ☐ Menstrual Cramps ☐ Musculoskeletal Disorders ☐ Motion Sickness
☐ Sickle Cell Trait or Disease ☐ Nosebleeds ☐ Special Dietary Regimen ☐ Rheumatic Fever
☐ Sleep Disturbances ☐ Urinary Infections ☐ Wears Glasses or Contact Lenses ☐ Visual Impairment:

☐ Other (specify): Please explain any items that are checked. Indicate any information that would be useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

PART VI: IMMUNIZATION HISTORY

Immunization	Year Primary Series Completed	Year of Last Booster
DTP (Diphtheria; Tetanus; Whooping Cough)		
Hepatitis B		
MMR (Measles/Mumps/Rubella)		
Oral Polio		
TD (Tetanus/Diphtheria)		
Tuberculin Test (most recent) Result		
Others:		

Which of the following has the participant had?☐ Chicken Pox☐ German Measles☐ Hepatitis☐ Measles☐ Mumps**PART VII: MEDICATION** (For day outings or overnights only.)

Current Medication(s): _____

Being Taken For: (condition) _____

Dosage and Frequency: _____

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 troop/group activities except as specifically noted.

AUTHORIZATION FOR TREATMENT: In the event reasonable attempts to contact me at the above listed 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.

Signature of Parent/Caregiver: _____ Date: _____

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name: _____ Policy or Group #: _____

Name of insured: _____ Relationship to participant: _____

Insurance ID number: _____