

Camp Impossible Day Camp 8C

Girl Scouts grade 7 and up! Registration Packet

We offer three types of programs. Younger girls will enjoy camp all 5 days.

Girl Scouts Juniors will have the opportunity to stay overnight on 2 days, and for our older girls who want to be Program Aides will stay the entire week.

Monday-Friday, June 5-9, 2023

Camp Butterworth

8551 Butterworth Road

Maineville, OH 45039

Registration accepted March 13-17, 2023



Questions?

Contact: Julie Koebel at 513.967.5256 or jkoebel123@oal.com.

13504/2023



Dear Parent/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. Your non-Girl Scout children - preschoolers (Pixies) - may attend day camp in their own units.

Training is mandatory for all adult volunteers. It does not matter if you are a returning unit leader or new and if you are working one day or all five days. Everyone needs to be trained. Training will be held at Camp Butterworth on Saturday, April 22, 2023, at 9:00 a.m.

For continued progressive opportunities in Girl Scouts, we also offer many other outdoor and camp opportunities listed on our website at www.girlscoutsofwesternohio.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. We will email the Confirmation packet to you in May. For additional questions or concerns, please contact Camp Director: Julie Koebel 513.967.5256 or jkoebel123@aol.com.

Location: Camp Butterworth, 8551 Butterworth Road, Maineville, Ohio 45039.

Times: Sunday June 4, 2023 to June 9, 2023. Arrival and departure times will be in the confirmation packet. All week stay all week at camp.

Programs: Girl Scout Cadettes, Seniors and Ambassadors (Grades 7 – 12 and graduating seniors)
Jr. Program Aide (JPA) Grade 7
Program Aide (PA) Grade 8 -11
Program Aide Specialist (PAS) Grade 12 and graduating seniors
Girls stay all week!

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customercare@gsw.org



In Partnership With:



Girl Scout Cadettes, Seniors and Ambassadors (JPAs, PAs and PASs) grades 7-12 and current graduating seniors.

Below is a description on the three program aide programs we offer along with the requirements for each.

Program	Jr. Program Aide	Program Aide	Program Aide Specialist
Grade	Entering grade 7	Entering grades 8-11	Entering grade 12 or a 2023 graduate
Description	You will working in program as a Program Aide	You will be assigned to either help with a unit or help with program activities.	You will either be assisting a younger girl unit or any other tasks that need be done during the week.
Requirements	1) LiA Award 2) Program Aide training by Girl Scouts of Western Ohio	1) Program Aide training by Girl Scouts of Western Ohio 2) Day of training for our camp	1) Two years as a Program Aide at our camp

Junior Program Aide, Program Aide and Program Aide Specialist: Parents provide transportation. Girls will be asked to come to camp on Sunday, to help set up. Time will be decided at a later date. Girls are to be picked up at Camp Butterworth on Friday after 4:30 p.m.

Health: A 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 parents/caregivers. Please give any medications your daughter may need to the 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 the Girl Scout's health History form and pointed out during check in. All medication will be kept in the First Aide Station and will be returned on Friday afternoon. Medications that need to be with the camper (such as inhalers and EpiPens) must have written permission on file.

Food: All meals will be provided.

Clothing: A complete list will be sent upon confirmation. Proper dress for the weather is necessary. No halters or sandals. Wear sturdy shoes, socks and head cover and bring rain gear. Camp is not cancelled 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.

Communication with the girls: For Program Assistant and Program Specialist. We will be using the Camper's email address and **not** the Caregiver's. This is to teach the girls responsibility. We will also be setting up a GroupMe group for the girls to communicate with the entire unit. More details will be sent in the confirmation packet.

Parents/Caregivers: Safety is of the utmost importance to us. We are providing you two county websites for you to review the registered sex offenders that may be in our area during camp. For Butler County, Ohio the website is: www.sheriffalerts.com and for Warren County, Ohio the site is www.wcsooh.org.

We are providing you with child abuse reporting telephone numbers that we give to all volunteers to ensure the safety of children. For Butler County Ohio contact 513.868.0888 or for Warren County Ohio contact 513.925.1600.

T-shirt: Day Camp T-shirts for the girls and pixies are included in the cost of camp. Adults who volunteer all week will receive a shirt. Additional T-shirts for volunteers may be purchased for \$10 and must be ordered at the time of your registration. Please indicate the size and quantity in the appropriate space on the registration form and include the cost with your fees. T-shirts will not be sold at camp. Volunteers who work all 5 days will receive a t-shirt at no additional cost.

Confirmation Email: Confirmation Packets will be sent in May.

Fees: These fees are based on Girl Scouts entering grades 7–12 as of **fall 2023** and current graduating seniors.

Girl Scout Cadette (Grade 7) Junior Program Aide	\$150
Girl Scout Cadette/Senior/Ambassador (Grade 8-11) Program Aide	\$150
Girl Scout Ambassador (Grade 12 and up) Program Aide Specialist	\$150
Additional T-Shirt	\$10
Volunteer T-Shirt	\$10

Adults volunteering at day camp for 5 days (full time) will receive 50 percent off the fee for one daughter attending camp. To ensure your daughter's placement, plan to be a unit leader!

Registration Procedures: Registrations will be accepted from March 13 – 17, 2023. The daughters of volunteers serving three days or more will have first priority. Girls will be accepted on a first-come, first-serve basis according to the postmark. We reserve the right to close units when girl/adult ratio is reached, according to *Safety Activity Checkpoints*.

Hand delivered or early registrations
(Postmarked before March 13, 2023)
will not be accepted.

Send all Registration Form, Program Aide Application (if required), Medical and Release Form, High Risk Activity Permission Form, Photo Release for minors and Fee to:

Julie Koebel
7454 Joan Drive
West Chester, OH 45069

Check or money order should be made payable to **Girl Scouts of Western Ohio** and mailed to Julie Koebel. Do **not** send registration 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 cause your child to be closed out of camp.

Digital Dough can be used as payment. Please indicate the amount on the registration form.

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% of the day camp fee. If the full amount requested is not awarded, payment for the remaining balance must be received by May 31, 2023.

Flexible Payment Option: We want your daughter to be able to attend camp. If you do not want to ask for financial assistance, there are other payment options available. Please give Julie Koebel a call and we will work with you on a payment option. Camp fee must be paid in full prior to attending camp. If payment is not received in full by that time, your daughter will not be able to participate at camp.

Refund Policy: Money may be refunded for the following reasons ONLY:

1. Moving out of town.
2. Required attendance at summer school.
3. Illness or exposure to a communicable disease. (Doctor's note required.)
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:

Sarah Kelly
Director of Program & Partnership
Girl Scouts of Western Ohio
4930 Cornell Rd.
Cincinnati, OH 45242-1804

**Please print the following forms
single side only.
Thank you.**



Camper Registration Form Camp Impossible Day Camp 8C

Date Rec'd: _____
Fee Paid: _____
Check # _____

Camper's Name: _____ Phone: _____

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

School: _____ County: _____

DOB: _____ Age: _____ Grade in **fall** of 2023: _____ Graduating Senior: ☐ Yes ☐ No

Camper's Email: _____

Overnight tent experience: ☐ Yes ☐ No Swimmer: ☐ Yes ☐ No

Caregiver's Name: _____ Phone: _____

Caregiver's Email: _____

Troop Leader's Name or Troop #: _____ Service Unit Name or #: _____

Camper is a: ☐ Girl Scout Member ☐ Re-registering Girl Scout ☐ New Girl Scout

Fees: These fees are based on Girl Scouts entering grades 7–12 as of Fall 2023 and current graduating seniors.

- | | |
|--|-------|
| <input type="checkbox"/> Girl Scout Cadette (Grade 7) Jr. Program Aide | \$150 |
| <input type="checkbox"/> Girl Scout Cadette/Senior/Ambassador
(Grade 8-11) Program Aide | \$150 |
| <input type="checkbox"/> Girl Scout Ambassador (Grade 12 and
Graduating Senior) Program Aide Specialist | \$150 |
| <input type="checkbox"/> Extra T-Shirt | \$10 |

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

Sizes:

- ☐ Youth ☐ SM ☐ MED ☐ LRG
☐ Adult ☐ SM ☐ MED ☐ LRG ☐ XL ☐ XXL ☐ Other _____

Extra T-Shirt Sizes (additional \$10):

- ☐ Youth ☐ SM ☐ MED ☐ LRG
☐ Adult ☐ SM ☐ MED ☐ LRG ☐ XL ☐ XXL ☐ Other _____

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customercare@gsw.org



In Partnership With:



Camper's Name: _____

Camp Registration	
Day Camp Fee	\$
Membership Fee for non-Girl Scouts (if applicable)	\$
Digital Dough	\$
Financial Assistance Amount Requested	\$
Additional T-shirt	\$
Volunteer T-Shirt	\$
Total	\$

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, or \$35 for membership through September 30, 2024.

Digital Dough: To use your Digital Dough, contact Customer Care at 888.350.5090. Council will contact the Camp Director with your payment amount.

Financial Assistance: Register and pay for camp now for the amount that you can pay. Camper must pay 50% of camp fee. The Camp Director will contact you with the amount of financial aid that you received and if there is a balanced 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.

Caregiver Signature: _____

Date: _____

<p>Mail completed Registration Form, Medical and Release Form, High Risk Activity Permission Form, Program Aide Application (if required), Adult Medical Health History, and fee to:</p> <p>Julie Koebel 7454 Joan Drive West Chester, OH 45069</p>	<p>Deadline: Registrations will be accepted from March 13 - 17, 2023. Girls will be accepted on a first come, first served bases based on the number of volunteers and according to postmark.</p> <p>Priority will be given to girls with parents/caregivers who are volunteering.</p>
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Must be completed by the program aide only and not by parent or caregiver. Please include with registration.

Name: _____ PA Camp Name: _____

PA Email Address: _____ PA Cell Phone #: _____

I am interested in being a

- ☐ **Jr. Program Aide** (Grade 7) – please complete section A only
- ☐ **Program Aide** (Grade 8–11) – please complete section B and C
- ☐ **Program Aide Specialist** (Grade 12 –Graduating Senior) – please complete section B and C

Section A

- ☐ I have completed my LiA Award on _____. The name of the Journey was _____
- ☐ I intend to take the Program Aide Training on _____. Please indicate the date you will complete training.

Section B

- ☐ I have taken Program Aide Training on _____
- ☐ I have completed my LiA Award on _____. The name of the Journey was _____
- ☐ I intend to take the Program Aide Training on _____. Please indicate the date you will complete training.
- ☐ The last year I attend your camp was _____

Section C

Have you attended the Lakota Trailblazers Day Camp previously as a program aide? ☐ Yes ☐ No

If so, please list the years: _____

What qualities do you have that would make you a great program aide or program specialist?

What contributions would you give to make camp a success for the younger campers, other program aides and adults?

Please tell us why you want to serve as a program aide or program specialist this year at day camp.

You may use the back of this page to complete your answer.



Program Aide Application (continue)

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. 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 I am happy to learn.

Skill	Skill Level				Skill	Skill Level			
	1	2	3	4		1	2	3	4
Outdoor Cooking					Nature				
Box Oven					Plant/Animals identification				
Buddy Burner					Creeking				
Charcoal Chimney					Hiking				
Dutch Oven					Trail Signs				
Stick Cooking					Games/Activities				
Foil Dinners					Crafts				
Homemade ice cream					Inventure Games				
Dishwashing					Parachute Games				
Skills					Lemme Sticks				
Compass					Tininkling Poles				
Knife Safety					Songs				
Knots					Games				
Letterboxing					Fire				
Flag Ceremonies					Building				
Cleaning Latrines					Cleanup				
Other (please specify)					Safety				

Training for both Program Assistants and Program Specialist: Training will be mandatory which will be held at Camp Butterworth. Date and time will be determined after registration has ended. The training will be an all-day event.

Communication: We will be communication with you and not with your Parents/Caregiver. Please make sure we your email address and cell phone number. We will also be setting up a GroupMe group. This is the best way to communicate with other girls on the unit.

For Program Assistants only

I prefer to work with the following age group. (We will do our best to place you with the age group)

☐ Pixies ☐ Daisy/Brownies ☐ Juniors - Day ☐ Juniors - Overnight ☐ Other _____

Signature of Program Aide: _____ Date: _____

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 #
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_____	_____	_____
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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: _____

(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? ☐ No ☐ Yes If yes, please explain: _____

Are there any known behavior and/or emotional problems? ☐ No ☐ Yes If yes, please explain: _____

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 #: _____

Insurance Information:

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: _____

Emergency Contact Information

Emergency contact in case we can't reach caregiver:

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.

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: _____

Participate 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** (circle one) 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.)

☒ Archery

☒ Swimming

☐ *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.)

***The following section must be completed by and for each person (girl and/or adult) participating in Adventure Challenge Education (A.C.E.) programs, including but not limited to the low and high challenge course, climbing wall, zip line, rock climbing/rappelling and teambuilding activities.**

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.

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 #: _____

05-2670-04/2021



Release Form - Minor

Photo Release For Minors



Date(s): Monday-Friday, June 5-9, 2023

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Day Camp 8C Camp Impossible

Location: Camp Butterworth, 8551 Butterworth Rd., Maineville, OH 45039

Activity: Camp is a great way for girls to explore leadership, build skills and develop a deep appreciation for nature.

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: _____



We need your help! Our day camp is fully 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 small fee. Your non-Girl Scout children, ages 2 (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.

Ways adults can help: Adults are needed as unit leaders. Unit leaders will have fun with girls, while taking part in exciting camp activities that are planned by them and other volunteer adults that are assigned to that unit. 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.

Adult volunteers, please check all that apply:

Volunteer's Name: _____ Cell Phone: _____

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

E-mail: _____

Volunteer is a: ☐ Currently registered Girl Scout ☐ Re-registering Girl Scout ☐ New Girl Scout

Are you a leader/assistant leader? ☐ Yes ☐ No Troop #: _____ Service Unit #: _____

Do you have any camping experience? ☐ Yes ☐ No

Have you completed Tent Camp/Lodge Camp training offered by Girl Scouts of Western Ohio? ☐ Yes ☐ No

Date completed _____.

☐ I would like to work with: ☐ Daisy/Brownies ☐ Juniors – Day ☐ Juniors – Overnight
☐ Jr. Program Aides ☐ Program Aides ☐ Other _____

There is an adult at camp that I would like to work with (name) _____

I will have my non-Girl Scout children (ages 2 and older) who will be attending camp with me. Please complete a registration form, medical form and photo release form for each child attending camp with you.

Name: _____ Age: _____ Name: _____ Age: _____

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

Sizes: Adult: ☐ SM ☐ MED ☐ LRG ☐ XL ☐ XXL ☐ XXXL ☐ Other _____

☐ I am able to work the following:
☐ All week - day only (full time) ☐ If not all week which days: _____
☐ Day and Night (full time) ☐ If not every night, which nights: _____

☐ I will attend Day Camp Training (mandatory) on:
☐ Saturday, April 22, 2023, 9:00 a.m. at Camp Butterworth

***Additional steps will need to be taken to secure your Girl Scout volunteer role.** All adult volunteers are **required** to have a current Girl Scout membership and updated background check. Membership with a volunteer role will trigger an emailed criminal background check which needs completed once every three years.

Adults who do not have a current background check will not be permitted to volunteer.

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 5-9, 2023

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Day Camp 8C Camp Impossible

Location: Camp Butterworth, 8551 Butterworth Rd., Maineville, OH 45039

Activity: Camp is a great way for girls to explore leadership, build skills and develop a deep appreciation for nature.

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: _____

