**Service Unit #:**

 **DAY CAMP CONFIRMATION**

**Dates:**  **Time:**

Location:

**Day Camp Director** (name and contact info)**:**

**CAMP DETAILS**

**Camp Theme/Info:**

**Program Activities:** Activities at camp are designed to help girls develop a strong sense of self, develop positive values, seek challenges, develop healthy relationships, and learn about community program solving.

**Day Camp Units:** Day Camp is a “Beyond-the-Troop Experience.” Girls are placed in their unit by grade level. Day Camp is an opportunity to meet new friends and try new experiences. While they might not be in a unit with their entire troop, there will be opportunities at camp to be together.

**What to Wear:**

**What to bring in a backpack. Label *everything* with camper’s name:**

**Weather:** To ensure the safety of all attendees, camp may be cancelled due to inclement weather after the girls have arrived. **Please be sure that your contact person is available in** **the event that the camp is evacuated.**

**Contacting Caregivers Procedure:** In the event that a caregiver needs contacted during camp

**Health:** A nurse or certified First Aider will be at camp at all times. Check with your physician to make sure tetanus and immunizations are up to date for your girl. Ensure that any allergies, dietary restrictions, and medical conditions are recorded on your child’s Health History form and pointed out at check-in.

**Medication:** Any over-the-counter or prescribed medications must be in the original container labeled with child's name, and sent to the day camp nurse with written instructions on dosage and time to by administered. In certain cases, such as inhalers (which must be with the camper at all times) a note of necessity must be on file with the camp nurse.

**Food:**

**Transportation/ Directions/Parking:**

**Check-In Procedures:**

**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.

**Overnight** **Information:**

**PA Training:** Girl Scout Cadettes, Seniors, and Ambassadors (entering grades 7 through 12) must complete a LiA award, as well as their Program Aide Training before camp begins.

**Volunteer: Volunteers are always needed for day camp. If you have not signed up yet to help, contact the day camp director.** Volunteer training is **mandatory** for any adult who wishes to volunteer at camp.

**Training Date:**  **Time:**

**Location:**

**Tag-along/Pixie Information:**

**Keeping Girls Safe:** Girl Scouts has nearly 100 years of experience in providing excellent, safe camps for girls, and we will do everything to make sure your camper has a great experience this year. We are making changes to keep girls safe. Camps will have reduced capacities and enhanced cleaning measures, and activities will be adapted for social distancing.

**Reporting Child Abuse:** Girl Scout Volunteers and Staff are mandatory reporters of suspected child abuse. If you suspect child abuse call 855.642.4453. Detailed information available in *Volunteer Essentials*.

**Refund Policy:** Money may be refunded for the following reasons only:

1. Child moves out of town.

2. Required attendance at summer school.

3. Illness (Doctor’s note required.)

4. Camp capacity is full.

To request a refund, send a written request by email to the Camp Director within 10 business days from the end of camp.

**Additional Information:**

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 safety and ability to participate in the activity?

YES NO (circle one or type) 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 girl has my permission to participate in off camp activities as described in the program activity description. My girl 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 girl 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 girl’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 girl is developmentally ready, both physically and emotionally, and possesses the skills needed to participate in all day camp activities. I have discussed with my girl the importance of following safety guidelines, while participating in high risk activities.

These are the high risk activities that will take place at camp. Check all that your girl is allowed to participate in and sign the bottom of the form.

* Horseback Riding
* Canoeing/ Kayaking
* Climbing Wall
* Archery
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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 COMMITED: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 participant’s physical condition and age are true and accurate.

**Signature of Participant Print Participant Name**

**Signature of Caregiver #1**  **Date**

**Signature of Caregiver #2**  **Date**

**Address in full:**  **Home/Cell Phone #:**

 **Bus. Phone #:**

***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 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.

**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**

 **Girl Additional Information, Release and Health History Form**

Camper’s Name: Date of birth: Age:

Address:

Caregiver’s Name: Phone:

Caregiver’s Email:

Transportation Information

I understand that my girl 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:

(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:

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 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 #

##### 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.

**Caregiver Signature:** **Date:**

Adult Medical History

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:

Medications

Current Medication(s), dosage(s) and frequency:

**Allergies:** List and allergies and specify what reaction to look for and first aid/treatment your physician recommends.

Other Health Conditions: Please list and explain any health conditions that would be important information to the first-aider, nurse or doctor that may treat you for any illness or injury?

Immunization History: Are your Immunizations up to date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**