



Side Cut Day Camp through Her Story

Side Cut Volunteer Day Camp ID #6A

June 10-14, 2024

Side Cut Metropark Maumee, OH 43537

9 a.m. – 4 p.m.

Registration Deadline: May 11, 2024

registrations must be dropped off or postmarked no later than this date

NO LATE REGISTRATIONS WILL BE ACCEPTED

Please consider volunteering! We can't do it without you! Not only do you receive one discounted camper, but your leadership will allow other campers to participate!

OPEN FOR NEWS ABOUT DAY CAMP



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. A dedicated team of specially trained volunteers who work year round to make this enriching opportunity possible runs this camp. 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, just an enthusiastic attitude and a desire to help girls learn and grow.

For continued progressive opportunities in Girl Scouts, we also offer many other outdoor and camp opportunities listed on our website at 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. Note: there are separate forms for youth and adults. All pages with fees must be turned in to be registered and until you receive a confirmation packet via email, your camper's placement is not guaranteed. **LATE REGISTRATIONS WILL NOT BE ACCEPTED.** Look for confirmation packets in your email between May 26 and June 1. For additional questions or concerns, please contact Bonnie Herrmann, Camp Director, by email at SideCut.gsdaycamp@gmail.com.

CAMP DESCRIPTION: You will be learning Girl Scout skills and traditions including songs and games. Daily activities will center around our theme of **Side Cut Day Camp through Her Story**.

PROGRAM AIDE (PA) OPPORTUNITY: *This year our 7th graders will have the opportunity to participate as a PA or as a camper.* PAs are Girl Scouts in grades 7 through 12, who have completed a LiA and attended council Program Aide Training. PAs are also expected to attend one of the training sessions offered at Side Cut Metropark in the **Riverview Shelter**. You will enter from River Road and proceed to the main parking lot. The Riverview Shelter is near the playground and is the building in which crafts are held each year at camp. Training will help you with skills you need to assist adults and girls in your day camp unit. At training you will learn the expectations of your duties at camp this year. **All PAs MUST attend one of the training sessions listed in the Volunteer Opportunity section.**

VOLUNTEER OPPORTUNITY: Camp can be as much fun for the volunteers as it is for the girls! It's not just for troop leaders and moms! Here is what some of our volunteers have to say:

"Side Cut Day Camp was such a fun volunteer experience! Just about everything you could possibly need is provided, the programs are enriching and informative, the burden on the volunteers is minimal, and knowing you are helping some awesome kids make some incredible memories is worth it alone. And the way the park seems transformed for the week is incredible. I felt like I was away at camp, not 10 minutes from my house."
~Jen~

"As a first time volunteer that isn't exactly physically fit I was nervous on if I could handle the week or not. It was so well organized and the help from all the PA's made the week totally doable. The energy from the organizers and girls is seriously the most amazing! Very thankful I pushed myself and ended up enjoying the week!" ~Rebecca~

"I enjoy volunteering for Side Cut Day Camp. It gives me an opportunity to test and improve my skills as a leader, meet new people and mentor young girls. I enjoy showing girls what camping is all about and showing them new things they wouldn't experience any other way. But the best part is when I run into those girls I led a few months later and they hug me and are excited to see me. It shows that I helped them have a great experience." ~Wendy~

"The Side Cut Metropark team does a great job preparing and maintaining the grounds to make our outdoor day camp experience exciting and fulfilling. The girls learned a lot about our environment and made lifelong memories." ~Jim~

"I was a Girl Scout as a kid and went to day camp at Pearson Metropark. Having the chance to volunteer at Side Cut just makes my heart sing! I can only hope I can have a positive influence on the next generation of amazing girls." ~Marianne~

If an adult volunteers for the entire week, they will sponsor one camper FREE for the week. We are always in need of extra help. We will also take adults who can only volunteer for part of the week however full week volunteers will receive priority acceptance. If an adult volunteers for two - three days, they will sponsor one camper at half price (\$42.50). The sponsored camper does not need to be their own child but MUST submit registration with the volunteering adult.

Volunteers must be registered with Girl Scouts. They must have completed the volunteer application process and background check, as well as attend training to prepare them for their role at camp. **Training is mandatory for all volunteers.** The mandatory training date for all volunteers is **Monday June 3, 2024** from **6 p.m. - 8 p.m.** at Side Cut Metropark in the **Riverview Shelter**. You will enter from River Road and proceed to the main parking lot. The Riverview Shelter is near the playground and is the building in which crafts are held each year at camp. We will offer a make-up training date on **Wednesday June 5, 2024** from **6 p.m. – 8 p.m.** at Side Cut Metropark in the **Riverview Shelter**. New volunteer and PA training will be held on **Thursday June 6, 2024** from **6 p.m. – 8p.m.** at Side Cut Metropark in the **Riverview Shelter**. New volunteer and PA training will go over the logistics of how camp is run with samples of crafts and games that will be activities during week. We ask that you do not bring Tag-a-longs to this training.

CHILD CARE: We offer a tag-a-long unit(s) as a childcare option for just \$30 for the week. This is for girls who are between the ages of 3 to 5 and boys ages 3 to 12. All children must be potty trained. A detailed Tag-a-long letter will come out closer to camp. We are also looking for adults to help with this unit, so if boys or preschoolers are your niche, this is the place for you!

TRANSPORTATION: Transportation to and from camp will be the responsibility of the caregiver. Camp starts at 9 a.m. Campers may not arrive before 8:45 a.m. Camp ends at 4 p.m. We will have staggered pick-up times to help ease traffic congestion. Campers whose last names begin with A-L pick-up time is 3:45 p.m. and those who begin with M-Z pick-up time is at 3:55 p.m. All campers must be picked up no later than 4 p.m. During inclement weather it may be necessary to pick your camper up earlier in the day.

On Tuesday, June 11, participants at Side Cut Day Camp will be transported by trolley through Childers Limousine Service to and from the Fallen Timbers Battlefield for activities at that location. Please be sure to sign the transportation permission slip in order for your camper to participate in this activity. All campers without a permission slip will be sent to games while their unit visits the Battlefield.

DIRECTIONS: Camp is located at Side Cut Metropark, 1025 West River Road, Maumee OH 43537. Camp will be on the riverside of the park across from the playground.

HEALTH: A nurse will be available at camp. Check with your physician to see if a tetanus booster or any immunizations are necessary. Special diets and medications are the responsibility of the caregivers.



COVID-19 HEALTH GUIDELINES: Camp will follow all guidelines in place by Girl Scouts of Western Ohio, The Lucas County Health Department and The State of Ohio during camp.

FOOD: Side Cut Day Camp is nut free. Please do not bring or pack any items containing nuts. If your child has a nut or other food allergy please be sure to include this in your registration packet AND mention it to your child's Unit Leader upon check-in on the first day. We will attempt to accommodate food allergies but this is not always possible so please plan to provide your camper with a packed lunch if necessary. Also please note that while we do our best to maintain a nut free area, Side Cut Metropark is a public park and we cannot guarantee that the park is nut free.

DAY CAMP UNITS: Day camp is a "Beyond-the-Troop Experience." Girls will be placed randomly based on program level and the girl's grade in the fall. **WE WILL NOT ACCEPT BUDDY REQUESTS.**

CLOTHING: Campers will get dirty and wet. Proper dress for the weather is necessary. No halters or sandals. Wear closed toe sturdy shoes, socks, and head cover. Bring rain gear (no umbrellas).

WEATHER: Camp is not cancelled because of light rain, but will be cancelled for heavy rain, high winds, thunderstorms, and tornado watches and warnings. If a weather advisory is released during the day, your camper will need to be picked up immediately. We will use the Remind notification system to notify families if camp is cancelled. Details on this will be included in your confirmation packet.

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 but is supplemental to individual's primary insurance.

CAREGIVERS: If you feel this camp is unsafe or a hazard to children, you should contact **Lucas County Children's Services Department at 419.213.3200.**

REFUND POLICY: Full refunds will be given until May 18, 2024 or if camp reaches capacity. Refunds after that date will be refunded at half the amount paid. No refunds will be given after the start of camp. 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; refund will be sent out by June 15, 2024.

To request a refund, contact Bonnie Herrmann, Day Camp Director, at SideCut.gsdaycamp@gmail.com. An email confirmation will be sent to you within a week of receiving the request.



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 \$42.50 (50 percent) of the day camp fee. Please include payment for the total amount your family can pay with the registration form.

Activity Costs: Cost includes camp patch, t-shirt, programs, food and activities associated with camp.	
Girl Scout (Scouts entering grades first – sixth in fall 2024)	\$85
Girl Scout Program Aide (Scouts entering grades seventh – 12 in fall 2024) Girls must complete LiA Award, as well as their Program Aide Training before camp starts.	\$30
Sponsored Camper of partial week volunteer (one discounted Girl Scout per adult volunteer)	\$42.50
Tag-a-longs of volunteering adults (Girls ages 3-5 and boys ages 3-12. All children must be potty trained) \$20	\$30
<i>Additional fee for non-registered girls and adults for registration through Sept 2024</i> <i>(All girls and adults participating in camp must register as Girl Scouts)</i>	\$25
<i>Additional fee for non-registered girls and adults for registration through Sept 2025</i> <i>(All girls and adults participating in camp must register as Girl Scouts)</i>	\$35

To use Digital Dough follow this link and make a note on the registration form. You are responsible for submitting your Digital Dough through this link.

<https://www.gsw.org/en/cookies/digital-dough.html>.

Council will contact the Camp Director with your payment amount.

Please complete all forms in full and mail or drop off registration packet to:

GSWO Side Cut Day Camp
c/o Bonnie Herrmann
1634 Watova Rd
Toledo, OH 43614

Checks should be payable to: **GSWO**





Day Camp ID # 6A Side Cut Volunteer Day Camp June 10-14, 2024

Every camper, Program Aide, and Tag-a-long who attends camp must fill out all youth pages of the registration packet. Please use black or blue ink only. Please make sure to write legibly.

Camper's Full Name: _____ Prefers to be called: _____

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____ Age: _____

School: _____ Grade in Fall: _____

Caregiver's Name: _____ Cell Phone: _____

Caregiver's email: _____

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

For girls who are NOT a registered Girl Scout for 2023-2024

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

Custodial Care: Mother only Father Only Both Other _____

Registration Type: Renewing Girl Scout New Girl Scout

Units: Girl Scout (entering grades first – seventh in Fall 2024) \$85

Program Aide (entering grades seventh-12 in Fall 2024) \$30

Tag-a-longs (only available for volunteers) \$30

Volunteering Parent Name _____

T-shirt Sizes: **YOUTH:** XSM SM MED LRG **ADULT:** SM MED LRG XL XXL

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

\$ _____ Amount family can pay (applicants must pay at least \$42.50 (50% of the fee))

+ \$ _____ Financial assistance requested

= \$ _____ TOTAL

TOTAL FEES (FOR OFFICE USE ONLY)	
Day Camp Fee	\$
Registration Fee for non-Girl Scouts (if applicable)	\$
TOTAL Fees Due	\$
Volunteer Name (if credit applied)	
Payment type/Check number	
Date Received	

Submit completed registration packet (registration form, health form, and media release) and fees payable to GSWO to:

**GSWO Side Cut Day Camp; c/o Bonnie Herrmann;
1634 Watova Rd; Toledo, OH 43614**

Girls will be accepted on a first come, first served basis based on the number of volunteers available and according to your registration's postmark. Campers are not guaranteed a spot until confirmation is received. Priority will be given to girls with caregivers who are volunteering. Confirmations will be sent via email after May 26, 2024.

I give full permission for my daughter/son to attend day camp and participate in all phases of activities, except those noted. I have read the Day Camp flier and registration packet and agree to cooperate with the guidelines listed. I understand that anyone transporting my child must show their identification before my child will be released to them. If I cannot be reached in an emergency, I give permission to give emergency treatment to my child.

Caregiver's Signature: _____ Date: _____

Quick Reference Form

Camper's Name: _____

Caregiver's Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Additional Emergency contact in the event we cannot reach caregiver:

Name	Relationship to girl	Phone #
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TRANSPORTATION INFORMATION

I understand that my daughter will **ONLY** be released to myself, her emergency contact and the people listed below. I also understand that proper ID must be presented at time of pick up:

Name	Relationship to girl	Phone #
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Name	Relationship to girl	Phone #
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Name	Relationship to girl	Phone #
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SPECIAL NEEDS/ACCOMODATIONS

Are there any diagnosis that camp staff/leaders should be aware of? Examples ADHD, Autism Spectrum Disorder, Sensory Processing Disorder, etc. If yes, please list: _____

Are there any special needs or accommodations required? If yes, please explain: _____

Are there any known behavior and/or emotional concerns? If yes, please explain: _____

Allergies: _____

Dietary modifications: _____

Do you consent to Girl Scout day camp staff/leaders assisting your participant in application of bug spray and/or sunscreen **that your participant provides**? Yes No



Additional Information, Release and Health History Form

Camper's Name: _____

MEDICAL INFORMATION

This section **MUST** be completed by all girls and adults attending in order to register for camp.

Date of last injection – if this information is no longer available, write C for childhood if immunized as a child.

DPT: _____ Measles/Mumps: _____ TB: _____ Polio: _____ Tetanus: _____ Hepatitis: _____

Will medications be required at camp? No Yes, please specify: _____

(Medication must be in original container with written instructions and given to the nurse at camp.)

Are medications currently being taken at home: No Yes, please specify: _____

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: _____



CAREGIVER PERMISSION AND CONSENT TO TREATMENT

(Name of participant) _____ is in good physical health and has had a physical examination within the past 12 months. Participant will be kept home and Camp Director will be notified immediately if my camper is exposed to a confirmed COVID-19 case or experiences COVID-19 symptoms.

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 registration packet and understand and agree to cooperate with all regulations. I further understand that the fee is refundable only for the reasons noted on the flier and registration packet.

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 participant 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, 2024.

Caregiver Signature: _____ Date: _____



Camper Transportation Permission

Dates: _____ June 11, 2024 _____

Photographer/Producer: _____ Girl Scouts of Western Ohio, Side Cut Day Camp Staff, Caregivers _____

Assignment: _____ Volunteer Led Day Camp _____

Location: _____ Side Cut Metropark, Maumee Ohio to Fallen Timbers Battlefield Maumee Ohio _____

Activity: _____ Side Cut Day Camp through Her Story _____

RELEASE FOR MINORS

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 give permission for my child, to participate in the activity organized by 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"). I understand that this activity will involve transportation, and I give my consent for my child to be transported in a vehicle provided by the organization or a contracted transportation service.
2. I understand that the mode of transportation may include commercial vehicles, buses, vans, or cars, and that the transportation will take place on public roads. I understand that the organization will take all necessary precautions to ensure the safety of my child during transportation.
3. In the event of an emergency during the transportation, I authorize the organization or a contracted transportation service to seek medical attention for my child if needed. I understand that I will be notified as soon as possible if such an emergency occurs.
4. I acknowledge that I have read and understand this permission slip, and I agree to all of its terms and conditions.

Name of Minor (please print): _____

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:** _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: (_____) _____ Additional phone (optional): (_____) _____

Caregiver Email Address*: _____ @ _____

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

Region: _____ Troop #: _____ Service Unit: _____



Camper Photo Release

Dates: June 10-14, 2024

Photographer/Producer: Girl Scouts of Western Ohio, Side Cut Day Camp Staff, Caregivers

Assignment: Volunteer Led Day Camp

Location: Side Cut Metropark, Maumee Ohio

Activity: Side Cut Day Camp through Her Story

RELEASE FOR MINORS

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

- 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.
- 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: _____

Caregiver Email Address*: _____@_____
*(*will not be used for any other purposes or distributed to third parties)*

Region: _____ Troop #: _____ Service Unit: _____





Adult Registration Form

Day Camp ID #6A Side Cut Volunteer Day Camp June 10-14, 2024

Please use black or dark blue ink only. Please make sure to write legibly.

Volunteer's Name: _____ Preferred camp name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

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 #: _____

For adults who are NOT a registered Girl Scout for 2023-2024

Check box if not currently registered as a Girl Scout. All adults must be registered Girl scouts to attend day camp and have successfully completed a background check. (Please submit your registration fee to be a Girl Scout.)

Registration Type: Renewing Girl Scout New Girl Scout

T-shirt Sizes: **Adult:** SM MED LRG XL XXL XXXL 4XL 5XL
 I would like a camp patch

Adult volunteers, please check all that apply:

I will be at Side Cut Day Camp:

All week Mon, June 10 Tues, June 11 Wed, June 12 Thu, June 13 Fri, June 14

Do you have any camping experience? Yes No Have you previously volunteered at Side Cut Day Camp? Yes No
I would like to work with (this is a request, we cannot guarantee your unit until confirmations are sent out):

Daisies Brownies Juniors Tag-a-longs Cadettes

I want to work in my daughter's unit; her name is: _____

I prefer not to be with my daughter's unit; her name is: _____

I would like to work with the adult listed here: _____

We will try to meet your requests, but volunteer placement will be made based on the needs of the camp.

I will attend Day Camp Training on **Monday June 3, 2024** from 6:00-8:00 p.m. at Side Cut Metropark Riverview Shelter

I will attend the Make-up Day Camp Training on **Wednesday June 5, 2024** from 6:00-8:00 p.m. at Side Cut Metropark Riverview Shelter

I will attend New Leader Day Camp Training on **Thursday June 6, 2024** from 6:00-8:00 p.m. at Side Cut Metropark Riverview Shelter

TOTAL FEES (FOR OFFICE USE ONLY)	
Registration Fee for non-Girl Scouts (if applicable)	\$
TOTAL Fees Due	\$
Payment type	
Check number	
Date Received	

Submit Adult registration packet (Adult registration form, Adult health form, and media release form) and fees payable to GSWO to:

**GSWO Side Cut Day Camp; c/o Bonnie Herrmann;
1634 Watova Rd; Toledo, OH 43614**

I have read the Day Camp flier and registration packet and agree to cooperate with the guidelines listed. I will be there on the days I have indicated above. I will be at camp by 8 a.m. until 4:15 p.m. on those days. I will attend day camp training as required. I understand that training and evaluation at the end of camp are part of the job description. I will display behavior that exhibits the Girl Scout Law.

Signature: _____ Date: _____

888.350.5090 | gswow.org
customercare@gswow.org



Adult Medical History

Name: _____ Phone: _____

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

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Insurance Company: _____ Member ID #: _____

Group ID#: _____ Insured's 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



Adult Photo Release

Dates: June 10-14, 2024

Photographer/Producer: Girl Scouts of Western Ohio, Side Cut Day Camp Staff, Caregivers

Assignment: Volunteer Led Day Camp

Location: Side Cut Metropark, Maumee Ohio

Activity: Side Cut Day Camp through Her Story

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 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.

Signature: _____

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: (_____) _____ Additional phone (optional): (_____) _____

Email Address*: _____@_____

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

Region: _____ Troop #: _____ Service Unit: _____



ADDITIONAL INFORMATION SURVEY FOR VOLUNTEERS & PROGRAM AIDES

Name: _____ Camp Name (if you have one): _____

How long have you been involved in Girl Scouts? _____

I would like to be a unit leader? _____ I would like to be a unit assistant? _____

List something you did as a Girl Scout that had special meaning to you and why. _____

What are your skills/talents?

Singing

Fire Starting

Games (to fill time)

Outdoor cooking

Organizing/Paperwork

Hiking

Crafts

Other: _____

It is tradition for adults and PAs to use Camp Names during Day Camp. These names usually come with a story and we would love to hear yours. What is your camp name and why? _____

Camp names are a right of passage for girls from camper to PA. Leaders, please do not allow your campers to change the name on their nametag during camp to a camp name nor should the girls refer to each other by camp names.

During camp the girls will sometimes try to figure out the real names of the adults and PAs. We ask that you respect the fun of this and NOT reveal anyone's real name except your own (if you choose to do so). Thank you!

PAs: What experience do you have working with younger girls? _____

PAs: What is your favorite thing about working with younger girls? _____

PAs: What is your least favorite thing about working with younger girls (be honest)? _____

