



Adventures on the High Seas

Day Camp 7A

Camp Timberhill

Monday-Friday, June 24-28, 2024

Registration Deadline: Friday, May 10, 2024

Questions?

Contact: Jenni Kim, Camp Director, at 513.407.0838 or
niihkadaycamp@gmail.com

888.350.5090 | gsw.org
customercare@gsw.org



In Partnership With:



Dear Caregiver:

Thank you for your interest in sending your Girl Scout to volunteer day camp! At day camp, girls will Discover, Connect, and Take Action as they learn to live the Girl Scout Law and make a difference in the world. They will discover their values and talents through a variety of outdoor activities. Girls will also connect with other girls and adults, learn how to work together as a team and use that teamwork to take action and make the world a better place.

We hope you will see the value in this progressive opportunity and will help keep the history and tradition of the day camp alive by volunteering at camp with your Girl Scout. Volunteer day camp is run by a dedicated team of specially trained volunteers who work year-round to make this enriching opportunity possible.

Volunteer day camps are staffed completely by volunteers, so we welcome moms, dads, aunts, uncles, grandparents and other adult friends to volunteer. A background in Girl Scouting is not necessary. Volunteers are asked to complete a volunteer application and background check and attend training to prepare for your role at camp.

Training is mandatory for all volunteers and PAs/LPAs. There will be an expectations/training meeting for PAs on June 1, 1-3pm @ One Community Church 57 W. Elm St. Monroe, Ohio 45050. This meeting is mandatory for all PA's unless you make prior arrangements with Katy Luebbe (513)-505-4206. There will be an adult volunteer training held on June 1, 1-3pm @ One Community Church (all adult volunteers are expected to attend this meeting) contact Jenni Kim with questions about volunteer training (513)407-0838

*******If a girl is struggling to meet the requirements of fulfilling their duties as a PA, camp staff reserves the right to make the decision to relocate that girl to the CSA unit. The girl's eligibility to be a PA will be revisited the following camp year. *******

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 the day camp. Detailed information and instructions will be sent in a confirmation packet after you have registered. For additional questions or concerns please contact Jenni Kim, Camp Director, at 513.407.0838 or by email at niihkadaycamp@gmail.com.

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

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

Health: A nurse or first aider will be available at camp. Check with your physician to see if a tetanus booster or any immunizations are necessary. Medications are the responsibility of the caregiver. Please give any medications your daughter may need to the health supervisor or unit leader in the original container on the first day of camp. Be sure to include written instructions. Please ensure any allergies or dietary restrictions are recorded on your Girl Scout's Health History form and pointed out during check in.

Food: Everyone is to bring a sack lunch, drink and a water bottle daily unless otherwise notified.

Clothing: Proper dress for the weather is necessary. No halters or sandals. Wear sturdy shoes, socks, and bring rain gear. Separate shoes for creeking will also be needed. Camp is not canceled because of rain.

Insurance: Every registered Girl Scout and registered adult member is automatically covered under the basic plan by Girl Scouts of the USA. This plan is effective from October to the following October. This insurance provides up to a specified maximum for medical expenses incurred as a result of an accident while a member is participating in an approved Girl Scout activity, after the individual's primary insurance pays out.

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

Activity Costs:

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

Make checks payable to Girl Scouts of Western Ohio. Complete the registration, additional information and release forms and return with payment to: **(Sandy Combs, 31 Irene Ave., Hamilton, OH 45011).** **Do not send registrations to the Girl Scout Center.** All registrations received at the Girl Scout Center will be forwarded to the appropriate day camp on a weekly basis and may cause your child to be closed out of camp.

Financial Assistance: Financial assistance may be available for girls who want to attend but are unable to do so because of limited family income. Applicants must pay at least \$40.00 (50 percent) of the day camp fee. Please include payment for the total amount your family can pay with the registration form.

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

1. Moving out of town.
2. Illness or exposure to a communicable disease.
3. Required attendance at summer school.
4. Camp capacity is reached, and no other camp is attended; a refund will be sent within four weeks of the registration date.

****To request a refund, send a written request within ten business days from the end of camp to:

Sandy Combs 31 Irene Ave. Hamilton, Ohio 45011

Service Unit #:
Niihka #449

Camper Registration Form
Adventures On The High Seas VDC 7A
June 24-28,2024

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

Units:

Boys/Pixies/Tagalongs

Girl Scout Daisies (Grade K-1)

Girl Scout Brownies (Grades 2-3)

Girl Scout Juniors (Grades 4-5)

Girl Scout Cadettes (Grades 6-8)

Girl Scout Seniors/Ambassadors (Grade 9-12)

Program Aide (Grades 6 and up)

Buddy's Name(s): _____

T-Shirt Sizes (circle one): Youth Adult SM MED LRG XL XXL XXXL

(Check Youth or Adult and preferred size)

If you are a new Girl Scout or need to re-register please call customer care at 888-350-5090 to submit membership fee and activate membership in Girl Scouts. You must be a registered Girl Scout in order to attend daycamp.

Camp Registration	
Day Camp Fee	\$
T-shirt (Optional)	\$
Digital Dough	-\$
Financial Assistance Amount Requested	-\$
TOTAL Due	=\$

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. A minimum of 50% of camp fee must be paid by camper. Apply for assistance here under Campership: <https://www.gsw.org/financialassistance>. The Council will contact you and your Camp Director with the amount of financial aid that you received.

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: _____

Mail completed Registration Form
and payment to:
Sandy Combs
31 Irene Ave.
Hamilton, Ohio 45011

Deadline: Registrations will be accepted from
March 1, 2024 to May 10, 2024

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 campers 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 (including vaping) 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** _____

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: Archery June 24-28, 2024

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 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 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 #:

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 #
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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? 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 #
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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.

Caregiver Signature: _____ Date: _____

Release Form - Minors

Photo Release For Minors



Date(s): Monday - Friday June 24 -28, 2024

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Day Camp 7A Adventures on the High Seas

Location: Camp Timberhill Hamilton, Ohio

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

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

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

Name of Minor (please print): _____ Age: _____ Birthdate: _____

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: _____

Please return the completed and signed release to your regional Girl Scout Center.

05-9000-02/2021



Service Unit #:
Niihka 449

Adult Volunteer Registration Form
Adventures On The High Seas
June 24 – 28, 2024

Volunteer's Name: _____ Phone: _____

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

Email: _____ Cell Phone: _____

All unit leaders must complete this form, as well as the Health History form, and the photo release form found in this packet. Adults are needed as Unit Leaders. Unit Leaders will have fun with the girls, while taking part in exciting camp activities that are pre-planned by administrative staff volunteers. Unit Leaders must attend training which will prepare them for their role at day camp. Priority registration is provided to children whose parent/caregiver volunteer as a Unit Leader all week. Training for adult volunteers will be held on June 1, 1-3 pm @ One Community Church 57 W. Elm St. Monroe, Ohio 45050.

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

(If adult is not a currently registered Girl Scout member, you must register at <https://www.gsw.org/join> for \$25 and complete a background check)

Are you a leader/assistant leader? Yes No

Troop #: _____ Troop Grade Level in Fall: _____ Service Unit Name/ #: _____

Do you have any camping experience? Yes No

I would like to be a unit leader and work with: (circle one)

Daisies(grade K-1) Brownies(grade 2-3) Juniors(grade 4-5) my daughter's unit

Boys(age 6-12) Pixies(ages 3-5, must be potty trained)

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

Name of Girl Scout attending with me: _____

T-Shirts size (circle one): (included for 5 day volunteers) (Volunteers attending less than 3 days can purchase a T-shirt for \$10)

Sizes: **Adult:** Small Medium Large X-Large XX-Large XXX-Large

Registrations will be accepted postmarked from March 1, 2024 thru May 10, 2024

Mail completed registration to: **Sandy Combs 31 Irene Ave. Hamilton, Ohio 45011**

TOTAL FEES (payable to GSWO)	
Adult T-shirt (optional)	\$
TOTAL	\$

***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. Register and pay for your Girl Scout membership at [gsw.org/join](https://www.gsw.org/join) or contact Customer Care at 888.350.5090. Membership with a volunteer role will trigger an emailed criminal background check which needs completed once every 3 years. **Adults who do not have a current background check will not be permitted to volunteer.**

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

Photo Release Form for Adults



Date(s): Monday - Friday June 24 -28,2024
Photographer/Producer: Girl Scouts of Western Ohio
Assignment: Day Camp 7A Adventures on The High Seas
Location: Camp Timberhill, Hamilton, Ohio
Activity: Building girls of courage, confidence, and character, who make the world a better place

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

1. I 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: _____

Please return the completed and signed release to your regional Girl Scout Center.

05-9001-02/2021

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