Through the Decades

Day Camp ID #2C
June 10-14, 2019
Hickory Hill Camp
9:00 a.m.-3:00 p.m.
Registration Deadline: April 19, 2019

OPEN FOR NEWS ABOUT DAY CAMP
Dear Caregiver:

Thank you for your interest in sending your Girl Scout to volunteer day camp. At camp, girls 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. Please complete and return a **Camper Registration, Health History and Photo Release Forms** found in this packet, for each camper.

On the next page, you will find basic information about day camp. Detailed information and instructions will be sent in a confirmation packet after you have registered. For additional questions or concerns, please contact the day camp directors.

**Day Camp Director:** Cathy Dezarn, 513.497.8098 or hickoryhillcamp@gmail.com  
**Business Director:** Lori Thai, hickoryhillcamp@gmail.com  
**Program Director:** Tonya Soldano

Looking for additional outdoor activities for your Girl Scout? All of our summer camp and outdoor activities are listed on our website at gswo.org/camp.

**Adult Volunteers Needed:**

Day camp is staffed entirely by adult volunteers. Volunteer-led day camps are run by a dedicated team of specially trained volunteer directors who work year round to make this enriching opportunity possible. Each camp recruits and trains their own volunteers to help lead units, activities, and offer support at camp. We welcome moms, dads, aunts, uncles, grandparents and other adult friends to volunteer, without the support of volunteer’s camp is not possible. A background in Girl Scouting is not necessary.

Childcare is available at a nominal fee for our adult volunteers while they are at camp. 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 volunteers must complete the Adult Camp Registration, Health History and Photo Release Forms found in this packet. If you are not a current approved Girl Scout volunteer, 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. **Training is mandatory for ALL volunteers.** The training date will be **May 9, 2019, 6:30-8:30 p.m.**
Camp Details:

**Transportation:** Transportation will be provided by Bus Service and is not optional. Pickup locations and times will be detailed in the confirmation packet.

**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. It is the responsibility of the caregiver to ensure that all necessary medications get to camp. 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. Ensure that 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 cup daily unless otherwise notified.

**Clothing:** 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.

**Caregivers:** If you feel this camp is unsafe or a hazard to children you, should contact Hamilton County Children's Services Department at 513.241.KIDS (5437)
**Activity Costs:**
COST includes T-shirt, patch, and transportation.

- Boys/Pixies/Tagalongs $0
- Girl Scout Daisies/Brownies (Grades K–3) $70
- Girl Scout Juniors (Grades 4–5) $70
- Girl Scout Cadettes (Grades 6-8) $70
- PA’s (Grades 8 and up) $15
- Girl Scout of part time volunteer (3 or 4 days) $40
- Girl Scout of full time volunteer (5 days) $30
- Membership fee for non-registered girls and adults $25

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

- Extended Year Membership (see explanation below) $35
- Day camp patch included
- T-shirts for each volunteer attending $7/each (optional)

**This year!** If you are a new girl* registering to attend day camp who will continue as a Girl Scout in the fall as a member of a troop, you can select the Extended Year Membership for $35. This will register you for the remainder of this membership year (covering your participation in day camp) and get you all set for the next membership year as well! You will be a registered Girl Scout through September 30 of 2020.

*New girls include girls who lapsed in membership for at least one full membership year.*

Make checks payable to Girl Scouts of Western Ohio. Complete the registration, additional information and release forms and return with payment to:

Lori Thai  
5808 Countryview Terrace  
Cincinnati, OH 45233

Do not send registrations to the Girl Scout Center. All registration 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 $28 (40 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; 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:

Lori Thai  
5808 Countryview Terrace  
Cincinnati, OH 45233
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: □ Currently registered Girl Scout □ Re-registering Girl Scout □ New Girl Scout
(If camper is not a currently registered Girl Scout, please submit your $25 Girl Scout membership fee or $35 Extended Year Membership 
(see explanation on previous page under Activity Costs) with the camp fee.)

Units:
□ Boys/Pixies/Tagalongs □ Girl Scout Cadettes (Grades 6–8) □ Program Aide (Grades 8 and up)
□ Girl Scout Daisies (Grade K–1) □ Girl Scout Cadettes (Grades 6–8) PA took or plans to take training on date: _______
□ Girl Scout Brownies (Grades 2–3) □ Girl Scout Juniors (Grades 4–5)
□ Girl Scout Cadettes (Grades 6–8)
□ Program Aide (Grades 8 and up)

Buddy’s Name(s): ___________________________

T-Shirt Sizes: □ Youth □ Adult □ SM □ MED □ LRG □ XL □ XXL □ XXXL
Check Youth or Adult and preferred size (adult sizes only)

Bus Choice: □ St. Teresa □ St. Dominic □ Rapid Run

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<tr>
<th>Camp Finances (Box must be completed entirely to be accepted)</th>
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<tr>
<td>TOTAL FEES</td>
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<td>A</td>
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<td>E</td>
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<td>F</td>
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<tr>
<td>TOTAL Due (equal to column 1)</td>
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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 daughter/son to attend day camp and participate in all phases of activities, except those noted. I have read the Day Camp flier and agree to cooperate with the guidelines listed. 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: ___________________________

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Mail completed Registration Form, Additional Information, Release and Heath Form and Photo Release with fee to:
Lori Thai, Through the Decades Day Camp, 5808 Countryview Terrace, Cincinnati, OH 45233

Deadline: Registrations will be accepted until April 19, 2019. 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.

04-9207-01/2019
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to girl</th>
<th>Phone #</th>
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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.


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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to girl</th>
<th>Phone #</th>
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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, 2019.

Caregiver Signature: ___________________________ Date: ____________

04-9207-01/2019
For Minors

Date(s): June 10-14, 2019

Photographer/Producer: Girl Scouts of Western Ohio Staff and Volunteers

Assignment: Volunteer Day Camp

Location: Hickory Hill Camp

Activity: Through the Decades Day Camp

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.

05-9000-01/2019
Adult Registration Form
Day Camp ID #2C
June 10-14, 2019

Volunteer’s Name: ____________________________ Phone: ____________________________

Address: ____________________________ City: ____________________________ State: ______ Zip: ____________

Email: ____________________________ Cell Phone: ____________________________

DOB: ____________________________

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

(If adult is not a currently registered Girl Scout, please submit your $25 Girl Scout membership fee.* )

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:

☐ Pixies/Tagalongs ☐ Boys ☐ Girl Scout Daisies/Brownies ☐ Girl Scout Juniors

☐ Girl Scout Cadettes ☐ Daughter’s unit

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

T-Shirts:

T-shirts cannot be returned or exchanged. If in doubt, order the next larger size. T-shirts are provided for adults working three to five days of camp. Adults working less than three days, who want a T-shirt, should send $7 with their camp registration.

Sizes: Adult:

☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large

Registrations will be accepted postmarked by April 19, 2019.

Do not send camp 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.

Mail completed Adult Registration Form, Adult Medical History Form and Photo Release with fee (if applicable) to:

Lori Thai, Through the Decades Day Camp,
5808 Countryview Terrace,
Cincinnati, OH 45233

TOTAL FEES (payable to GSWO)

<table>
<thead>
<tr>
<th>Membership Fee for non-Girl Scouts (if applicable)*</th>
<th>$</th>
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</thead>
<tbody>
<tr>
<td>Adult T-shirt (optional)</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

*All adult volunteers are required to have a current Girl Scout membership and background check. A Girl Scout membership ensures that adults involved in Girl Scouting are covered under Girl Scouts of Western Ohio insurance in case of accident or incident. Membership, with a volunteer role, will trigger a background check, this protects the safety of all youth involved. Background checks are completed once every 3 years.

Be aware that additional steps will need to be taken to secure your Girl Scout volunteer role. Emailed instructions will be sent out and action must be taken at that time. Adults who do not have a current background check will not be permitted to stay at camp.
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: Check all that apply. Specify what reaction to look for and first aid/treatment your physician recommends.

- Penicillin
- Other Medicines
- Food Allergies
- Bee/Wasp/Insect Stings
- Plants (Poison ivy, etc.)
- Asthma
- Hay Fever
- Other

Other Health Conditions: Check all that apply.

- Diabetes
- Convulsions/Seizures
- Heart Defect/Disease
- Rheumatic Fever
- Sickle Cell Trait/Disease
- High Blood Pressure
- Bleeding/Blotting Disorders
- Other:
- Hearing Impairment
- Visual Impairment
- Emotional Behavior/Disturbance
- Sleep Disturbance
- Ear Infections
- Urinary Infections
- Musculoskeletal Disorders
- Bedwetting
- Constipation
- Menstrual Cramps
- Nosebleeds
- Motion Sickness
- Fainting

04-9207-01/2019

In Partnership With:

888.350.5090 | gsw.org
customercare@gsw.org
Please explain any items that are checked and indicate any information that would be useful in relation to any of these health conditions.

Chronic or Recurring Illnesses:

Operations or Serious Injuries (Include dates):

Are there any other facts not listed that would be important information to the first-aider, nurse or doctor that may treat you for any illness or injury?

Immunization History:

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Year Primary Series Completed</th>
<th>Date of Last Booster</th>
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</thead>
<tbody>
<tr>
<td>Diphtheria/Whooping Cough/Tetanus (D.T.P.) Tetanus (TD)</td>
<td>____________________________</td>
<td>____________________</td>
</tr>
<tr>
<td>Measles/Mumps/Rubella (MMR)</td>
<td>____________________________</td>
<td>____________________</td>
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<tr>
<td>Oral Polio</td>
<td>____________________________</td>
<td>____________________</td>
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<tr>
<td>Tuberculin Test (Most recent) Result:</td>
<td>____________________________</td>
<td>____________________</td>
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</table>

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
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.