

# Centerville Day Camp 2022

## The World Around Us!

At camp, our hope is to help girls find their strengths and talents through a variety of activities throughout the day/week. Our hope is to help building their confidence in themselves by making friends with other Girl Scouts at camp, as well as Learn to work together as a team to be able to achieve their goals to making this world a better place.



**June 6—10, 2022**  
**1:30—5:00 p.m.**  
**Grant Nature Park**  
**401 Normandy Ridge Rd.**  
**Centerville, OH 45459**

**Questions? Contact: Rebecca Boehm at 513.907.1990 or boehmay@hotmail.com**



Day Camp Name: The World Around Us Camp #: 3E

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: **Please mark your grade as of Fall 2022**

Girl Scout Daisies (Grade 1)

Girl Scout Brownies (Grades 2–3)

Girl Scout Juniors (Grades 4–5)

Girl Scout Cadette (Grade 6)

Girl Scout CSA's (Grade 7–12) must contact Day Camp Director for application to work at Day Camp

Buddy's Name(s): \_\_\_\_\_

T-Shirt Sizes: Youth SM MED LRG XL XXL  
Adult SM MED LRG XL XXL

Camp Registration	
Day Camp Fee	\$
<b>Day Camp Fee- If Adult volunteers Full Week</b>	\$
Membership for non-Girl Scouts (if applicable)	\$
CSA Camp Aide Fee	\$ 0.00
Digital Dough	- \$
Financial Assistance Amount Requested	- \$
<b>TOTAL Due</b>	<b>= \$</b>

**Membership Fee:** All campers must be registered Girl Scouts. To join Girl Scouts, the fee is an **additional \$25 for membership** through September 30, 2022 or **\$35 for membership** through September 30, 2023.

**Digital Dough:** To use your Digital Dough, follow this link: <https://www.gsw.org/en/cookies/digital-dough.html>. Council will contact your Camp director with your payment account.

**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. The Camp Director will contact you with the amount of financial aid that you received and if there is a balance owed.

**\*Day Camp Fee:** If a registered adult volunteers at day camp for the full week, their campers Day Camp Fee will be waived.

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

I give full permission for my child to attend day camp and participate in all activities, except those noted. I agree to cooperate with the camp guidelines. I understand that my camper must have written permission to leave camp early or with someone other than a caregiver. If I cannot be reached in an emergency, I give permission to give emergency treatment to my child.

I acknowledge that COVID-19 is an extremely contagious virus that spreads easily in the community. I agree to adhere to Girl Scouts of Western Ohio and State and local guidelines/mandates. I will take all reasonable precautions to limit potential exposure for girls, volunteers, and families, based on Girl Scouts of Western Ohio and state guidelines. I will hold Girl Scouts of Western Ohio harmless and waive all rights to legal action, if my daughter contracts COVID through exposure at a Girl Scout event. Caregiver Date: \_\_\_\_\_

<p>Mail completed Registration Form, additional information, Photo Release, Health Form, Code of Conduct and Payment to: Centerville Day Camp, 5794 Terrace Park Drive, Dayton, OH 45429 <b>or drop in box on front porch</b></p>	<p><b>Deadline: Registrations will be accepted until Tuesday, May 3, 2022 or until camp is full. Our capacity this year is tentatively 60 campers, dependent on volunteers. Once full, a wait list will be started.</b></p> <p><b>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.</b></p>
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## ***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 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.
10. 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.
11. I acknowledge that COVID-19 is an extremely contagious virus that spreads easily in the community. I agree to adhere to Girl Scouts of Western Ohio and State and local guidelines/mandates. I will take all reasonable precautions to limit potential exposure for girls, volunteers, and families, based on Girl Scouts of Western Ohio and state guidelines. I will hold Girl Scouts of Western Ohio harmless and waive all rights to legal action, if my daughter contracts COVID through exposure at a Girl Scout event.

**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



# Photo Release For Minors

Date(s): \_\_\_\_\_

Photographer/Producer: \_\_\_\_\_

Assignment: \_\_\_\_\_

Location: \_\_\_\_\_

Activity: \_\_\_\_\_

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.**

05-9000-01/2019



## 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 daughter will **only** be released to the people listed below with proper ID:

Name	Relationship to girl	Phone #
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Name	Relationship to girl	Phone #
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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: \_\_\_\_\_ (below)

(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: \_\_\_\_\_ (below)

Are there any known behavior and/or emotional problems? If yes, please explain: \_\_\_\_\_ (below)

Allergies and/or dietary modifications: \_\_\_\_\_



Is participant in good physical condition with no serious illness or operation since last health exam?

Yes  No If no, please specify: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Insurance Information:**

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Social security number of policyholder or insurance ID number: \_\_\_\_\_

**Emergency Contact Information**

Emergency contact in case we can't reach caregiver:

Name	Relationship to girl	Phone #
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**Caregiver Permission and Consent to Treatment**

(Name of participant) \_\_\_\_\_ is in good physical health and has had a physical examination in the past 12 months. Participant has my permission to attend Girl Scout day camp and to participate in all activities except those noted. I have read the day camp flier and understand and agree to cooperate with all regulations. I further understand that the deposit is refundable only for the reasons noted on the flier.

**Emergency Medical Authorization:** This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed Girl Scout activities except as specifically noted.

**Authorization for Treatment:** In the event reasonable attempts to contact me at the provided phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transfer the child to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

My daughter may be registered as a Girl Scout member through September 30, 2022.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_