

French Park Day Camp 4B



The Game of Camp!

Participate in a variety of outdoor activities and Girl Scout traditions.

Camper Costs:

Daisies, Brownies, Juniors, and

Cadettes: \$65

Program Aides: \$15

Children of Adult Volunteer:

(3 days or more): \$35

Boys & Pixies: Free

Mon.-Fri., July 18-22, 2022

9:00 a.m.-2:30 p.m.

French Park

3012 Section Rd.

Cincinnati OH, 45237

Questions?

Contact: frenchparkdaycamp@gmail.com





Adult Volunteer Registration Form 2022

The Game of Camp! Camp 4B Monday-Friday, July 18-22, 2022

Volunteer's Name: _____ Phone: _____

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

Email: _____ Cell Phone: _____

Volunteer is a: Currently registered Girl Scout Re-registering Girl Scout New Girl Scout
(Please register and submit your \$25 registration fee to be a Girl Scout by calling Customer Care at 888.350.5090, if renewing, please do the same.)

All unit leaders must complete this form, as well as the Health History. 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 if you are not already an approved Girl Scout leader.

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 Girl Scout Daisies Girl Scout Brownies
- Girl Scout Juniors Girl Scout Cadettes Daughter's unit

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

Name of Tag-along attending with me: _____

Name of free or discounted Girl Scout attending with me: _____

T-Shirts:

T-shirts cannot be returned or exchanged. If in doubt, order the next larger size.

Sizes: YS YM YL AS AM AL AXL AXXL AXXXL

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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.

TOTAL FEES (payable to GSWO)	
Boys/Pixies T-shirt and Patch(optional \$10)	\$
TOTAL	\$

Mail completed Adult Registration and Health

History Forms to:
Tricia Klco
6441 Ridge Ave.
Cincinnati, OH 45213

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.

Signature (Required): _____ **Date:** _____



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 _____

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

