

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





Camper Registration Form Day Camp 4B Monday-Friday, July 18-22, 2022

Camper's Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 School: _____ County: _____
 DOB: _____ Age: _____ Grade in Fall: _____
 Caregiver's Name: _____ Phone: _____
 Caregiver's Email: _____
 Troop Leader's Name or Troop #: _____ Service Unit Name or #: _____

Check box if not currently registered as a 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.)**

Re-registering Girl Scout New Girl Scout

Custodial Care: Mother only Father only Both Other

Units: *(use grades entering fall 2022)*

- GS Daisies (Kindergarten - Grade 1) \$ 65
- GS Brownies (Grades 2-3) \$ 65
- GS Juniors (Grades 4-5) \$ 65
- GS Cadettes (Grades 6-7) \$ 65

****Pixies/boys/(children of adult volunteers) please use camper registration form included in the volunteer registration packet).**

Girl Scouts going into grade 8 and above that have earned their PA pin should complete the PA registration packet.

T-Shirt Sizes: (circle size) **YS YM YL AS AM AL AXL AXXL AXXXL other** _____

TOTAL FEES	
Day Camp Fee	\$
Financial assistance requested	-\$
Cookie Dough*	-\$
TOTAL DUE	=\$

Mail completed Registration Form and Additional Information Heath Form to:
 Tricia Klco
 6441 Ridge Ave.
 Cincinnati, OH 45213

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.

I give full permission for my daughter to attend day camp and participate in all phases of activities, except 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: _____



Camper Additional Information and Release Form (Side 1)

A separate form (both sides) **MUST** be completed for ALL camp participants (girls, boys, and preschoolers).

Camper's Name _____ Date of birth _____ Age _____

Address _____

Caregiver's Name _____ Phone _____

Caregiver's Email _____

Medical Information

This section must be completed by *everyone* attending in order to register for camp.

Immunizations:

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 (if yes, please specify): _____

(Medication **must** be in original container with written instructions and given to the Day Camp Nurse 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 their 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 #: _____

Insurance ID number: _____

Name of insured: _____ Relationship to participant: _____

Emergency Contact Information

In case of emergency during day camp hours, if caregiver cannot be reached please contact:

Name: _____ Home Phone: _____

Relationship to camper: _____ Cell Phone: _____

Continue on back



Camper's Name: _____

Transportation Information (for registered Girl Scouts only)

I understand that my daughter will be released **only** to the people listed below with proper ID:

Name Relationship to girl Phone #

Name Relationship to girl Phone #

Name Relationship to girl Phone #

Name Relationship to girl Phone #

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.

Photography: NOTICE OF FILMING AND PHOTOGRAPHY: By attending a Girl Scouts of Western Ohio event, you enter an area where photography, and audio/video recording may occur. By entering the premises, you consent to photography, audio/video recording and its release of publication, exhibition or reproduction by GSWO and its affiliates and representatives and you waive rights to claims of payment or royalties for its use. You have been fully informed of your consent, waiver of liability, and release before entering the event. If any child or adult does not consent to being in photos or videos, you must let your camp director know at event check-in.

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 (required): _____ Date: _____

