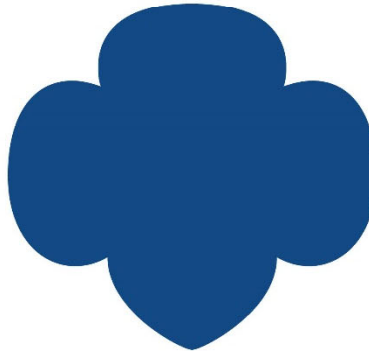


Timber Hill Day Camp 8B

Wild about Nature!



Girls will have a fun time learning about and interacting with a variety of nature activities. They will also enjoy all the camp basics like creeking, crafts, songs, archery, sling shots and an overnight for older girls.

**For girls entering grades 1-7
(in fall)
Girls wanting to be in the
program aide training unit
or
children of volunteers needing
childcare at camp**

**Monday-Friday
June 27-July 1, 2022
9:00 a.m.-3:00 p.m.**

**Girl Scout Day Camp 8B
3976 Hamilton Middletown Rd.
(Route 4)
Fairfield Township, OH 45011**

Cost is: Pixies	\$40
Grades K-3	\$65
Grades 4-12	\$70
PA Training - Grades 7-8	\$75

**Registration Deadline:
Sunday, April 24, 2022**

**Questions? Contact: Sam Donohue at 513.374.9665
or girlscouttimberhillpas@gmail.com.**

girl scouts 
of western ohio

888.350.5090 | gsw.org
customer-care@gsw.org

In Partnership With:





Adult Volunteer Registration Form
Wild About Nature Camp 8B
Monday- Friday, June 27-July 1, 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
(If adult is not a currently registered Girl Scout, must 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:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Pixies | <input type="checkbox"/> Girl Scout Daisies | <input type="checkbox"/> Girl Scout Brownies | <input type="checkbox"/> PA Training |
| <input type="checkbox"/> Girl Scout Juniors | <input type="checkbox"/> Girl Scout Cadettes | <input type="checkbox"/> Daughter's Unit | |

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

T-Shirts: T-shirts are provided to adults who are working 3-5 days of camp. Adults who are working less than 3 days should send \$7 for the t-shirt fee with their registration form.

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

Registrations will be accepted postmarked until April 24, 2022.

TOTAL FEES (payable to GSWO)	
Membership Fee for non-Girl Scouts (\$25 if applicable) *	\$
Adult T-shirt (optional)	\$
TOTAL	\$

Drop off or mail completed Adult Registration Form to:

Nicole Van Houten
5648 Neptune Way
Fairfield, OH 45014

*** 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. 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.

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.

Signature: _____

Date: _____



Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Physician's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
Insurance Company: _____ Member ID #: _____
Group ID #: _____ 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

1201323-005/2020

