



**Eastside HC Girl Scouts
Day Camp 2019**

***ANIMAL
ADVENTURES***

Day Camp 4D
June 24–28, 2019
Woodland Mound Park
Fox Ridge & Elderberry Shelters
4:00 to 9:00 p.m.

Registration accepted through April 30, 2019

888.350.5090 | gsw.org
customer care@gsw.org



In Partnership With:



Dear Caregiver:

Thank you for your interest in sending your Girl Scout to Animal Adventures 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: Erin Lawson at 513.746.1030 or andersonGSLE@outlook.com

Business Director: Sandy Howard at 513.680.8513 or SandraRHoward@yahoo.com

Program Director: Susan Schonauer at 513.328.3535 or susan.schonauer@gmail.com

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, because without the support of volunteers, camp is not possible. A background in Girl Scouting is not necessary.

As a full-time (all five evenings) day camp volunteer, 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 announced after registration ends. It is usually held in early June, one or two weeks before camp starts.

04-9184-01/2019

888.350.5090 | gswo.org
customercare@gswo.org



In Partnership With:



Camp Details:

When: June 24–28, 2019 **Time:** 4:00–9:00 p.m.

Where: Woodland Mound Park–Fox Ridge/Elderberry Shelters

Our shelters are located near the Nordyke entrance to the Park, but can be accessed from Nordyke Road or from Old Kellogg Road.

Who: Girl Scouts entering grades 1-12 as of fall 2019, and Girl Scout adult volunteers (All girls and volunteers **must be registered Girl Scouts**. If not already registered, please check the appropriate box on the camp registration form and include the \$25 fee with payment.)

Transportation: Transportation will be the responsibility of the caregivers. A Hamilton County Parks vehicle permit is no longer needed for park entry for camp drop off and pickup! Directions to camp and pickup locations and times will be detailed in the confirmation packet that you will receive in June.

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.

What to Bring and What to Wear: Everyone must bring a refillable water bottle, packed dinner for night one, plus any other night as advised by your unit leaders, and knapsack (all labeled with their name) daily unless otherwise notified. Each camper should wear comfortable sneakers with socks and play clothes suitable for the weather and for getting dirty. A hat or bandana will help campers stay cool in the sun, and a raincoat or poncho is allowed for rainy evenings. **No umbrellas please!** For your camper's comfort and safety, please no flip flops or sandals.

Weather: Camp is not cancelled because of rain. Other severe weather situations will be closely monitored by camp staff, and caregivers will be notified of any changes to the camp schedule due to weather.

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).

Program Aides: Girls entering grades 7-12 in the fall of 2019 may apply to camp as a program aide (PA). PAs are an indispensable part of camp who help the adult volunteers with units and lead younger girls in games, activities, and songs.

Program Aide Training: PAs are required to attend a training/work day prior to the start of camp. The actual date of training will be announced after the camp registration period ends. In addition to attending this training, program aides ideally will have previously attended a Girl Scout camp as a camper. The number of PA positions may be limited, depending on enrollment and site limitations. We will try to accommodate as many as possible, but it may be necessary to place a cap on the number of Junior Program Aides and Senior Program Aides. Please send your registration materials, along with program aide application and fee, as soon as possible to guarantee your spot.

Staff: Our camp is staffed entirely by adult volunteers. **We need your help!** Adults are needed as unit leaders, whose role is to have fun with the girls while leading awesome activities that are pre-planned by camp directors. Unit leaders also get to assist the girls in decision making about other activities to participate in during the week. If you are able to volunteer for all five evenings of camp, you will enjoy a reduced program fee for your camper(s). Additionally, your (potty trained) preschool aged girls and boys, as well as your school aged sons are welcome to join us at camp for the same reduced rate! If you are only able to help out on 1-4 of the evenings, while you won't enjoy a discounted rate or a place for your non-Girl Scouts, you will have a blast helping provide an awesome experience for our campers. Training is mandatory for all full time and part time adult volunteers. Details on date, time, and location will be announced after the registration period ends on April 30.

Attached Materials:

- Camp Fees/Remittance/Refund Information
- Eastside HC Day Camp Site Information Form
- Child Day Camp Registration Form
- Additional Information, Release and Health History Form
- Photo Release for Minors
- Program Aide Application
- Adult Registration Form
- Adult Medical History
- Photo Release for Adults
- Financial Assistance Request

If you have questions about registration, either for your camper or as an adult volunteer, please call or email Sandy Howard at 513.680.8513, or SandraRHoward@yahoo.com

Camp Fees:

Cost includes T-shirt and patch

Boys/Pixies (may only participate if parent is volunteering)	\$25
Girl Scout Daisies/Brownies (entering grades 1–3 Fall 2019)	\$75
Girl Scout Juniors/Cadettes (entering grades 4–6 Fall 2019)	\$75
Girl Scout Cadettes/PA's/Seniors/Ambassadors (entering grades 7–12 Fall 2019)	\$25
Membership fee for non-registered girls and adults (All girls and adults participating in camp must register as Girl Scouts.)	\$25

This year! If you are a new girl or adult* registering for day camp who will continue as a Girl Scout or Volunteer 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, 2020.

**Eligible New members include girls and adults whose membership lapsed on or before September 30, 2017.*

Make checks payable to **Girl Scouts of Western Ohio**. Complete one Site Information form per family, and the Day Camp Registration, Child or Adult Health Form, and Photo Release forms for each child or adult participant, as well as Financial Assistance form (if applicable) and return with payment to:

Girl Scouts of Western Ohio c/o Sandy Howard
1756 Pinebluff Ln.
Cincinnati, OH 45255

Extra postage may be required for mailing the packet. You may choose to drop off the registrations in person at the above address (Pinebluff Lane), in a designated box on the porch for Girl Scout Camp.

Girls may use their earned Cookie Dough to pay for all or part of their camp fees. Follow the link and instructions on the registration form to have your Cookie Dough applied to your registration fees.

Do not send registrations to the Girl Scout Center. You are not guaranteed a place at this camp if you send registration forms to the Girl Scout Center. Registrations will be accepted until April 30, 2019. Children of 5-day volunteers will be guaranteed a place at camp as long as their registration forms are received before April 30. All other campers and program aides will be accepted on a first-come, first-served basis according to postmark and receipt date, and based on number of adult volunteers available. We will reserve the right to close units when either site limitations or Safety-Wise girl/adult ratios are reached. You will be notified **only** if your child **cannot** be registered, otherwise you will receive a welcome letter from your child's unit leader in early June.

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 \$30 (40 percent) of the day camp fee. Please complete and return the Financial Assistance Form and 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 for reasons 1-3, send a written request within ten business days from the end of camp to:

Sandy Howard
1756 Pinebluff Ln
Cincinnati, OH 45255

04-9184-01/2019



EASTSIDE HC DAY CAMP SITE INFORMATION FORM

(Complete one form per family)

Parent/Caregiver Name(s): _____

Address: _____ City/State/Zip: _____

Cell Phone Number: _____ Other Phone Number (specify type): _____

Email Address (please print clearly): _____

List all of your family's participants (Girl Scouts, Program Aides, Adults, Pixies, Boys)

Name*	Age/Level (Circle one)	Registered Girl Scout?**	T-Shirt Size (youth or adult sizes) Circle One***
	Girl Scout/PA Boy/Pixie Adult	Y / N	YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL
	Girl Scout/PA Boy/Pixie Adult	Y / N	YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL
	Girl Scout/PA Boy/Pixie Adult	Y / N	YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL
	Girl Scout/PA Boy/Pixie Adult	Y / N	YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

*If registering more than four participants for your family, please attach a separate sheet

**If a school age girl is not currently a registered Girl Scout, please add the \$25 Girl Scouts registration fee to the total camp fees owed

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

What to attach:

For every Girl Scout, Pixie, or Boy

- Day Camp Registration Form
- Additional Information, Release and Health History Form
- Photo Release for Minors
- Camp Registration Fee

For any adult volunteer(s)

- Adult Registration Form
- Adult Medical History
- Photo Release for Adults

For every Program Aide

- Day Camp Registration Form
- Additional Information, Release and Health History Form
- Photo Release for Minors
- Program Aide Application
- Camp Registration Fee

Optional Form

- Financial Assistance Form



Day Camp 4D Day Camp-Animal Adventures 2019 Registration Form

(Complete a separate form for each Girl Scout, Pixie, Boy, or Program Aide)

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 with the camp fee.)

Units:

- ☐ Boys (up to age 12)/Pixies (preschool girls) ☐ Girl Scout Cadettes (entering Grade 6, Fall 2019)
- ☐ Girl Scout Daisies (entering Grade 1 Fall 2019) ☐ Program Aide (entering Grades 7 and up, Fall 2019)
- ☐ Girl Scout Brownies (entering Grades 2-3 Fall 2019) ➤ PA must have taken or plan to take training on date to be announced
- ☐ Girl Scout Juniors (entering Grades 4-5 Fall 2019)

If your daughter is shy or hesitant about Day Camp, you may specify a "Buddy" camper in the same age level and we will do our best to place her and your daughter in the same unit. Buddy's name (optional): _____

		Choose 1 A-C, and indicate D-F as applicable	Cost/Amount	TOTAL FEES	
A	Day Camp Fee (non volunteer child)		\$75	+ \$	
B	Day Camp Fee (children of five day volunteers)		\$25	+ \$	
C	Registration Fee for PAs		\$25	+ \$	
D	Membership Fee for non-Girl Scouts (if applicable)		\$25	+ \$	
E	Cookie Dough - Must fill out the form at this link gswo.org/cookie dough , enter your cookie dough redemption code in the "Cookie Dough Code" box and your camp code in the "Event/Camp Details" box - Camp ID:4Dcamp			- \$	
F	Financial Assistance (if requested)			- \$	
	TOTAL Due For this Camper			= \$	

☐ Check if seeking Financial Assistance, and attach Financial Assistance Request Form found at the end of this packet

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: _____

Mail completed Registration Form, Additional Information, Release and Health Form and Photo Release for each camper with fee to: GSWO care of Sandy Howard, 1756 Pinebluff Ln Cincinnati, OH 45255	Deadline: Registrations will be accepted until April 30, 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.
---	--



Additional Information, Release and Health History Form
(Complete a separate form for each Girl Scout, Pixie, Boy, or Program Aide)

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 #
------	----------------------	---------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Medical Information

This section must be completed by caregiver for all attending campers 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: _____

(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:

Name	Relationship to camper	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.

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: _____

Photo Release For Minors



Date(s): _____ June 24-28, 2019 _____
Photographer/Producer: _____ Camp Adult Volunteers _____
Assignment: _____ Day Camp 4D _____
Location: _____ Woodland Mound Park _____
Activity: _____ Various _____

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 with your registration forms.

05-9000-01/2019



Program Aide Application

For Girls entering Grades 7-12 only

A Program Aide (PA) is a Girl Scout who is interested in sharing her interests and experiences with younger girls in a troop, group, or camp setting. Being a PA at the Eastside HC Day Camp is a leadership opportunity for girls to develop skills while giving service to others. Duties could range from leading games and songs, assisting in crafts or activities, to helping set up or clean up. Please complete the following information for consideration.

Criteria to apply:

- Has completed grade 6
- Has attended Girl Scout camp previously (suggested but not required)
- Is interested in giving time and service to enhance the camp experience for younger girls

Name _____ Age as of Fall, 2019 _____ Grade in Fall, 2019 _____

PA Name _____ (If you don't have one, pick one!)

Have you attended the Eastside HC (formerly Anderson) Day Camp as a camper previously?

☐ Yes ☐ No

If so, please list the years _____

Have you had any PA experience? ☐ Yes ☐ No

If at Eastside/Anderson Day Camp, please list the years attended as a PA: _____

If elsewhere, please provide dates, locations, and responsibilities of the experience:

What qualities do you have that would make you a great PA?

What would you contribute to making camp a success for the younger campers, other PAs, and adults?

Please list any preferences or requests for activities or age groups you would like to work with:

We will do our utmost to provide opportunities for all girls. You will be notified via email the first week of May if there are any issues.



Adult Registration Form
Day Camp 4D
June 24-28, 2019

Volunteer's Name: _____ Cell Phone: _____

Email: _____ Troop # _____

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*.)

☐ I am available all 5 days to be a unit leader (and receive a discount on camp fees) and work with:

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

☐ Girl Scout Cadettes ☐ Daughter's unit

☐ I can help with pre-camp preparations (no discounted fees)

☐ I can help for 1-4 days during the week of Day Camp (no discounted fees)

Specify days/dates you are available: _____

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

TOTAL FEES (payable to GSWO)	
Membership Fee for non-Girl Scouts (if applicable)*	\$
TOTAL	\$

*All adult volunteers are required to have a current Girl Scout membership, which includes a 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 application for a volunteer role will trigger a background check, to protect 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.

04-9184-01/2019



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.

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



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: (If all immunizations are current, enter date or specify "Up to Date" if date is unknown)

	Year Primary Series Completed	Date of Last Booster
Diphtheria/Whooping Cough/Tetanus	_____	_____
(D.T.P.) Tetanus (TD)	_____	_____
Measles/Mumps/Rubella (MMR)	_____	_____
Oral Polio	_____	_____
Tuberculin Test (Most recent)	Result: _____	_____

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

Photo Release For Adults



Date(s): _____ June 24-28, 2019 _____
Photographer/Producer: _____ Camp Adult Volunteers _____
Assignment: _____ Day Camp 4D _____
Location: _____ Woodland Mound Park _____
Activity: _____ Various _____

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 with your registration forms.

05-9001-01/2019

888.350.5090 | gswo.org
customer care@gswo.org



Financial Assistance Information (optional)

Financial assistance may be available for girls who want to attend day camp but are unable to do so because of limited family income. Applicants must pay at least 40% of the camp fee. If the full amount requested is not awarded, payment of the remainder of the balance must be worked out with the day camp.

If financial assistance is required for payment of the Girl Scout Membership fee (for girls who are not currently registered Girl Scouts), additional information may be requested.

Please complete the section below. To be completed by the parent/caregiver:

Child's Name: _____

How would this girl benefit from attending Day Camp?

\$_____ Amount family can pay (applicants must pay at least \$30 per camper, which is 40% of the fee)
+ \$_____ Financial assistance requested
= \$_____ TOTAL registration fee

Parent/Caregiver Signature: _____ Date: _____

04-9184-01/2019

