

Camper Information – complete page 1 & page 2 – print and provide original signature

Camper Name _____ Grade in Fall 2017 _____

Address: _____ City _____ St. _____ Zip _____

Birth date _____ Troop # _____ County _____

Girls' grades 9-12 please select ONE: High School Unit Volunteer In Training*(10th grade and up)

Special needs (dietary or other / Special requests) _____

I want to be with my friend / buddy named (needs to be same grade level) _____

*VIT - training must be before camp. Date of Training: _____

Parent / Guardian Information

| | Parent / Guardian #1 | Parent / Guardian #2 |
|------------------|----------------------|----------------------|
| Name | | |
| Address | | |
| City, State, Zip | | |
| Home Phone | | |
| Work Phone | | |
| Cell Phone | | |
| Email | | |

I am interested in serving as an adult volunteer at community camp this year!

Name: _____ Email: _____

Payment Information

♦ Please check the appropriate payment option below, sign page 2 and mail the completed form and payment by check or money order (sorry no credit cards) to the community camp address listed directly.

Personal Check / Money Order # _____ Amount \$ _____

Cookie Dough # _____ **CCV #** _____ Amount \$ _____
 (2017-18- exp. 4/15/20) (2018-19- exp. 4/15/21)

GSWW Gift Card # _____ Amount \$ _____

Financial Assistance – First, send the camp registration form to the address above to insure placement at camp. Second make a copy of this form and send it with financial assistance application found on the GSWW website, <https://www.girlscoutsww.org/content/girlscoutsww/en/about-girl-scouts/join/financial-assistance.html>
 Questions and additional assistance: call (800) 541-9852 or email: financialassistance@girlscoutsww.org

Submit a deposit and make payment arrangements with the Camp Director. I acknowledge all payment is due in full at the close of camp registration, or no later than June 1st.
Deposit payment enclosed. (\$50.00 min deposit per child) Amount \$ _____

Girl Scouts of Western Washington
Glacier Meadow Community Camp Registration Form
Camp Towhee 2019

Please complete and **PRINT** to provide Parent/Guardian original signature, required for participation in the program.

Girl Scout Membership (please check the appropriate choice that applies to your girl's GSUSA MEMBERSHIP status) To attend camp, all girls and adult volunteers are required to be registered members of Girl Scouts. To register for membership an additional \$25 membership fee is required.

My daughter is already a current registered member of GSUSA for 2019-2020.

My daughter is not a member. I went to <https://www.girlscoutsww.org/en/about-girl-scouts/join.html> and registered my camper. I include a receipt with this application.

X _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN Date

CONSENT OF PARENT OR GUARDIAN:

As parent/guardian having legal custody of the camper named, who is voluntarily enrolled as a participant in the Girl Scouts of Western Washington community resident camp program, I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for her to attend camp and participate in all phases of the program including related transportation. I understand that a statement of her good health is required before she may attend.

As the parent or legal guardian of the above child, I give permission for the above child to be photographed and/or audio/video taped during this event and for the images and/or recordings to be published, reproduced or distributed by Girl Scouts and its affiliates in all outlets, including but not limited to television, newspapers, internet, council publications, recruitment materials and ads without liability or limitation or claims on my or minor's part. I have read the statements above. I understand the information and agree to allow my daughter/ward to participate in camp. I have read the statements above and understand the information and agree to abide by the terms.

X _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN Date

NOTE: X SIGNATURE IS REQUIRED FOR PARTICIPATION.

Additional forms are required to be completed for confirmation of placement and participation in the camp program. Thank you for recognizing the need for complete information on all camper attendance forms. The information provided is used in different areas of camp for a variety of purposes in managing a healthy camp program, including program, food services and health care management. Your attention to detail is appreciated. While we can provide for a variety of conditions and special needs in camp, please contact the Camp Director to confirm possible arrangements for specific situations or special needs, prior to registration. Thank you for partnering with the camp team to provide a safe and enjoyable camp experience for all campers and volunteers.



Girl Scouts of Western Washington Community Camper Health History & Consent to Treat

Camper's Full Name: _____ Date of Birth: _____

Girl Scout Camp Attending: Camp Lyle McLeod Camp St Albans Camp Towhee

Community Camp Name: _____ Program Dates: _____

Please attach extra sheets inside if you need more room to write.

Allergies

- No known allergies
- This camper is allergic to (*please list allergy and reactions-use additional sheets if necessary*):
 - Food
 - Medications
 - Environment (plants, insects)
 - Other (chemical, latex, etc)
- Check here to request follow up for Action Plan development with the Camp Nurse.

Diet and Nutrition

- This camper eats a regular diet
 - This camper eats a regular vegetarian /vegan diet (please check which one)
 - This camper has special food needs (*please describe below, attach sheet as needed*)
-
-
-

Mental, Emotional and Social Health: Check "yes" or "no" for each statement

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? **Yes** **No**
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? **Yes** **No**
3. During the past 12 months, see a professional to address mental/emotional health concerns? **Yes** **No**
4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, other) **Yes** **No**

Please Explain:

Camper Name: _____
Unit: _____
Community camp: _____

General Health History

If any of the following statements apply to the camper, please check the box to indicate "Yes."

Has/Does the camper:

| | |
|---------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. Ever been hospitalized? <input type="checkbox"/> | 11. Had fainting or dizziness? <input type="checkbox"/> |
| 2. Ever had surgery? <input type="checkbox"/> | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> | 13. Had mononucleosis ("mono") in the past 12 months? <input type="checkbox"/> |
| 4. Had a recent infectious disease? <input type="checkbox"/> | 14. Started menstruation? Any problems? <input type="checkbox"/> |
| 5. Had a recent injury? <input type="checkbox"/> | 15. Have problems with falling asleep or sleep walking? <input type="checkbox"/> |
| 6. Ever had back/joint problems? <input type="checkbox"/> | 16. Had asthma/wheezing/shortness of breath? <input type="checkbox"/> |
| 7. Have diabetes? <input type="checkbox"/> | 17. Have a history of bedwetting? <input type="checkbox"/> |
| 8. Had seizures? <input type="checkbox"/> | 18. Have problems with diarrhea/constipation? <input type="checkbox"/> |
| 9. Had headaches? <input type="checkbox"/> | 19. Wears glasses, contacts or protective eyewear? <input type="checkbox"/> |
| 10. Have any skin problems? <input type="checkbox"/> | 20. Traveled outside the country in the past 9 months? <input type="checkbox"/> |

Please explain any "Yes" answers in the space below, noting the number of the question(s) For travel outside the country, please name the countries visited and dates of travel. Use additional sheets if necessary.

Note: Campers that have any serious illness, injury or surgery in the last 18 months need a physical exam. The Physician's Health Exam form can be found on our website www.girlscoutswv.org.

Restrictions

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations (*please describe below on a separate sheet*).

Anything else? Please provide on a separate sheet any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

Immunizations

Give the dates (year) of the last immunization or booster, or attach a copy of official immunization record.

_____ Tetanus _____ Chicken Pox _____ Measles/Rubella _____ Mumps

_____ Flu _____ Diphtheria/Pertussis (DTaP/DT) _____ Hepatitis A _____ Hepatitis B

If your camper has not been fully immunized, please sign the following statement:
I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____

Health Care Providers

Name of Camper's Physician _____ Phone _____

Name of Camper's Dentist _____ Phone _____

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides so the information is able to be read.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number _____

Medications

- This camper will not take any daily medications while attending camp
- This camper will take the following medications while at camp (Please list below. Attach an additional sheet as needed). Please include dosage and times.

Please remember to send medications with a provided Medication Form, in the original containers, with physician prescription details. Medications in other containers, such as daily pill reminders, will not be accepted.

Non-Routine Medications

Occasionally, campers contract minor medical conditions that can be treated by non-prescription medications. These are stocked in the camp Health Center and are used on an as needed basis under the Health Procedures signed by our Health Care Provider. Medications may be generic or the store brand equivalent. Medications that come in tablet form can also be administered in liquid form. **Highlight / Cross out / strike through those the camper should not be given: For**

Sunburn: Aloe

For Sunscreen: BRING OWN FROM HOME

For Pain: Acetaminophen, Ibuprofen

For Cough/Cold: Pseudoephedrine, Menthol lozenges, Guaifenesin and Dextromethorphan HBr

Insect bites or Poison Oak with swelling: Diphenhydramine cream, Calamine/Caladryl lotion, Hydrocortisone Cream ≤ 1%

Digestive Upsets: Bismuth subsalicylate, Calcium Carbonate, Calcium, Magnesium Hydroxide, Peppermints

Cuts, Scrapes, Splinters: Bacitracin / Neomycin / Polymyxin ointment

Athlete's Foot: Clotrimazole Cream

Note: Campers displaying symptoms of head lice will need to be treated at home and can return to camp when they are nit-free (usually 24 hours)

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize secure proper treatment for and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a 'need to know' basis with camp staff. I give permission to photocopy this form. In addition the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's adult volunteer about my child's health status.

Signature of Custodial Parent/Guardian: _____ **Date:** _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Emergency/ Family & Alternate Contact

Child's Name: _____
Last MI First

Address: _____
Street Apt City State Zip

| | Parent / Guardian #1 | Parent / Guardian #2 |
|------------------|----------------------|----------------------|
| Name | | |
| Address | | |
| City, State, Zip | | |
| Home Phone | | |
| Work Phone | | |
| Cell Phone | | |
| Email | | |

Where can you be reached **during camp**? _____
If you plan to be out of town, please attach your itinerary and contact numbers.

Emergency Contact – *In the event that the parents above cannot be reached, list 2 contacts to whom your child can be released during the session for whatever reason, and can make health care decisions on your behalf.*

| | Emergency Contact #1 | Emergency Contact #2 |
|------------------|----------------------|----------------------|
| Name | | |
| City, State, Zip | | |
| Home phone | | |
| Cell Phone | | |
| Email | | |
| Relationship | | |

Camper Essential Functions:

In order to attend our camps, campers must meet the following essential functions:

- Capable of mainstream in the public school system (does not require 1 on 1 guidance)
- Moves independently from place to place
- Effectively interacts in group-based and community living
- Is able to meet personal needs (bathing, toileting, dressing, diet mgmt., etc.)
- Capable of self-management of health needs.

If you have questions regarding your camper's needs, [please contact the camp director](#). Accommodation for special needs, allergies, or current health complications may require physician exam and physician approval to participate, with additional action planning and support documentation with the camp health team.

CONSENT OF PARENT OR GUARDIAN:

As parent/guardian having legal custody of the camper named, who is voluntarily enrolled as a participant in the Girl Scouts of Western Washington community resident camp program. I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for her to attend camp and participate in all phases of the program including related transportation.

I understand that a statement of her good health is required before she may attend. As the parent or legal guardian of the above child, I have read the statements above, understand the information and agree to allow my daughter/ward to participate in camp.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

 Date

Please save a copy of this document for your records (update as necessary prior to camp start date)
MUST PRINT AND PHYSICALLY SIGN to submit to the Camp.



Girl Scouts of Western Washington Community Camp Camper Release Information

Camp Location: Camp Lyle McLeod Camp St Albans Camp Towhee

Camp Unit _____ Community Camp _____

In Girl Scouting, the health and safety of your camper is our most important concern. For this reason, we ask that you complete the form below and read the information that follows very carefully. This procedure was implemented to ensure the safety of all campers in resident camping programs and is required by GSWW.

The people listed below will be required to show photo identification at camp, and sign for your camper before she will be released. Please complete this form, then print and sign with original signature to submit to the Camp team.

Campers will NOT be released to anyone who:

1. Is not listed on this form.
2. Does not have photo identification.

Camper's Name (please print) _____

Parent/Guardian's name: _____ _____
Parent/Guardian Signature

Day Phone _____ Home Phone _____ Cell Phone _____

Email: _____

Print the Name of the Adults (age 18 and older) who are permitted to pick up your camper.*
(List all that my apply, even in the case of an emergency)

| |
|--|
| |
| |
| |
| |

**All changes must be made in writing to the Camp Director with parent/guardian signature.*

Is there anyone who is NOT permitted to pick up your camper?

Please print name(s): _____

Are there legal custodial issues we should be aware of? Yes No If yes, please explain.

For camp use only:

Name of adult who picked up camper: _____

Signature: _____

If camper needs to leave and return during their stay at camp, have an adult listed above sign them out here:

Name of adult: _____ Signature: _____

Time & Date left: _____

Name of adult: _____ Signature: _____

Time & Date returned: _____

Camper Name: _____

Unit: _____

Community camp: _____

Girl Scouts of Western Washington
Share Your Camper Form

Please mail this form with all other forms to your Community Camp Team. Please use this opportunity to tell your camp about your camper, and allow her to give input to what she hopes to experience at camp. This information is shared with your camper's unit leadership. Attach any additional information needed.

Camper Name: _____

Girl Scout Camp Facility Attending: Camp Lyle McLeod Camp St Albans Camp Towhee

Community Camp Name: _____ Program Dates: _____

Nickname (if any) _____ Age _____ Birthday _____ # of years as Girl Scout _____

1) Has your camper ever been away from home without members of her family? Yes No

2) Has your camper been to camp before? If so, where, when, and for how many years: _____

3) Why have you and your camper chosen a Community (sleep away) Camp? (check all that apply)

- Returning camper from ____ (year) Friend attending Local marketing
 Heard about it from previous camper Specialty program Other _____

4) Do you have any special goals for her camp experience? _____

5) Do you feel your camper is shy? _____ Do you feel your camper is a leader or follower? _____

| | Strongly Disagree | Disagree | Agree | Strongly Agree | Not sure |
|--------------------------------------------------------|-------------------|----------|-------|----------------|----------|
| My camper asks questions about the world around her | | | | | |
| My camper listens to others | | | | | |
| My camper solve problems on her own | | | | | |
| My camper states her opinion on issues | | | | | |
| My camper likes to do things on her own | | | | | |
| My camper teaches other children things she learns | | | | | |
| My camper puts other's needs in front of her own | | | | | |
| My camper wants to learn about nature | | | | | |
| My camper leaves a place cleaner than she finds it | | | | | |
| My camper is kind to others who are different from her | | | | | |

6) Does your camper have any special needs or behaviors of which our camp staff should be aware?

7) Does your camper have any dietary needs/concerns or allergies of which our camp staff should be aware?

8) Is there anything else you would like our camp staff to know? _____

Printed Name: _____ Signature: _____ Date: _____

Thank you for your time! (OVER)

Camper Letter to Unit Leaders
(To be completed by camper.)

Dear Unit Leaders:

Hi! My name is _____ and my friends call me _____

I decided to come to camp because _____

This will be my _____ summer at Camp _____ and my _____ summer attending camp.

When I attended camp before, my favorite part was _____

I'm excited to come to camp because _____

While at camp, I would like to try: (check two or three)

- Cooking outdoors
 Crafts
 Hiking
 Singing
 Archery
Nature activities
 Boating
 Swimming
 Night programs

Other: _____

| | Disagree a lot | Disagree a little | Agree a little | Agree a lot | Not sure |
|---------------------------------------------------------|-------------------|----------------------|-------------------|----------------|-------------|
| I know what I'm really good at | | | | | |
| When I feel happy about something, I often tell people | | | | | |
| I am good at a lot of things | | | | | |
| If I try hard, I think I can learn anything | | | | | |
| I feel comfortable being outdoors at camp | | | | | |
| I like it when other kids join a group I'm playing with | | | | | |
| I think I will have fun meeting new friends at camp | | | | | |
| Nature is important to me | | | | | |
| I know how to take care of myself | | | | | |
| I like to try things I've never done | | | | | |

Something I really want my counselor to know is _____

Camper Signature _____

Girl Scouts of Western Washington Community Camper Code of Conduct

Camper Name: _____

Camp Attending: Camp Lyle McLeod Camp St Albans Camp Towhee

Community Camp Name _____ Program Dates _____

I understand that I play an important role in the enjoyment of every camper at camp. My attitude and behavior are critical to my success and to others' success at camp this summer. Therefore, for the good of all—other campers, volunteers, staff and visitors to camp, I agree to abide by the following while at camp or on a trip sponsored by camp:

- I will abide by the Girl Scout Promise and Law.
- I will respect the places and the people with whom I come in contact, including privacy and property of others.
- I will be sensitive to the needs of others in my group.
- I understand that the use of alcohol, tobacco, or drugs will not be tolerated. Possession or use of these at camp will result in immediate expulsion from my camp program, with no refund of fees.
- I understand that weapons at camp will not be tolerated. Possession or use of these at camp will result in immediate expulsion from my camp program, with no refund of fees.
- I will act and speak positively and kindly to all campers and staff (i.e.: no swearing, lewd jokes, racial/ethnic jokes or slurs, etc.)
- I will be responsible for my personal belongings and equipment. I understand that GSWW is not responsible for items I lose or give away to other campers.
- I will use safety equipment provided for my use for my own safety and will follow all safety rules.
- I will treat all equipment provide for my use with care. I understand that I will be assessed for damages to any equipment due to my negligence.
- I agree to take my share of daily responsibilities by performing duties including but not limited to unit and cabin clean up, dining hall set up or clean up and other camp "kapers."
- I understand that social cruelty (bullying, teasing, put-downs) and physical violence (hitting, fighting, restraining) will not be tolerated. Engaging in these behaviors will result in immediate expulsion from my camp program.
- I understand that if I am a victim of social cruelty or violent behavior I should seek help immediately from a counselor, health supervisor, camp director or any camp adult volunteer member to make sure that I am physically and emotionally safe at camp.
- I understand that I am to leave electronics at home, including iPods, MP3 players and cell phones. I understand that if I bring these things to camp, they will be confiscated and stored in a safe place and returned to my parent/guardian at the end of camp.
- I understand that I am to leave all pets at home. I understand that if I bring a pet to camp it will be held in a safe place until my parent/guardian arrives to take it home within 24 hours.
- I understand that if I do not abide by the guidelines above, the camp director will notify my parents/guardians and I will be sent home and that all arrangements and expenses will be the responsibility of my parents/guardians. I also understand that if I am sent home early due to misconduct, I will not receive a refund. Violations of these agreements may also jeopardize my ability to return to camp next year.

Camper Signature

Date

I have read, understand and agree with the above responsibilities of my daughter/ward.

Parent/Guardian Signature

Date

Please mail this form with all other camper confirmation forms to the Camp Director.