

Orange Girl Scout Day Camp *Magical History Tour*

Thank you for registering for the Orange Girl Scout Day Camp. Your registration is not complete until payment and supplemental forms have been received. Supplemental forms and payment can be submitted using one of the following methods:

1. Submit forms and payment to your troop leader to combine with other troop participants. Your check should be made payable to your troop. This method makes it easier to keep troop members together. Troop leaders using this method must complete a Troop Worksheet and use a troop check to pay the amount due.
2. Mail or drop off the forms and payment to 1006 Ridgeline Rd., Orange, CA, 92869. Forms and payment may also be brought to walk-in registrations on Thursday, April 26 10:00AM – 1:30 PM and 4:30-6:30PM or Saturday, April 28 10:00AM - 2:00PM. Walk in registration will be held at 1006 Ridgeline Rd. Orange, 92869. Forms and payment must be dropped off or postmarked by April 28, 2018.

Please submit the following forms along with your payment:

- Registration Summary
- Camper Unit Placement Form - Girls entering grades K-7
- Staff Aide Form – Girls and boys entering grades 8-12 (if applicable)
- Adult Volunteer Form (if applicable)
- Camper Health History forms for each Camper, Staff Aide, Boy or Pixie. Completed and **SIGNED**.
- Adult Health History forms for each Adult Volunteer. Completed and **SIGNED**.
- Waiver of liability for each Camper, Staff Aide, Adult Volunteer, Boy or Pixie. **SIGNED**.

If you have any questions regarding your day camp registration, please contact:

Day Camp Registrar – Laura Dunn Lauradunnxx@gmail.com

or

Day Camp Business Manager – Chris Haithcoat hcoatfamily@cox.net

For more information about the Orange Girl Scout Day Camp – Magical History Tour
please visit our website @ www.orangedaycamp.org



Orange Girl Scout Day Camp Registration Summary
Please complete this form and submit along with your payment

Family Last Name: _____ -Cell Phone Number _____

Email Address: _____

Registration and Field Trip Fees

Number of Girl Scout members attending as campers: # _____ x \$100 = \$ _____

Number of late fees for registrations after April 28, 2018 # _____ x \$20 = \$ _____

Number of Girl Scout members volunteering as Staff Aides: # _____ x \$0 = \$ _____

Number of Girl Scout adult members volunteering full time # _____ x \$0 = \$ _____

Number of Girl Scout adult members volunteering part time # _____ x \$0 = \$ _____

Number of Pixies/Boys attending # _____ x \$0 = \$ _____

Number of part time adults, Staff Aides, Pixies/boys going on Field Trip # _____ x \$25 = \$ _____

Number of one day adult, one day boy and one day Pixie t-shirts # _____ x \$8 = \$ _____

Additional camp t-shirts # _____ x \$8 = \$ _____

Total Fees (Add the above) \$ _____

Credits

Full time Adult Volunteer Discount: # _____ x \$75 = \$ _____

Product Sale Coupons ⁽⁵⁾ \$ _____

Total Credits \$ _____

Total Payment Due (Fees minus Credits)	\$ _____
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If registering with your troop, please make check payable to your troop. Submit forms and check to your troop leader.

If registering as an individual: please make check payable to Orange Girl Scout Day Camp. Mail payment and supplemental registration forms by April 28 to: Orange Girl Scout Day Camp, 1006 Ridgeline Rd., Orange, CA 92869

For more information on the Orange Girl Scout Day Camp, visit www.orangedaycamp.org

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- (1) Incorrectly or incompletely submitted registration packets will delay your registration and acceptance into Orange Girls Scout Day Camp
- (2) Campers of full time volunteers or registering as part of a troop that is providing fulltime or full time equivalent adult volunteers will receive priority for attending camp. Remaining camper spots will be filled on a "first come, first served basis" as adult leadership becomes available. Troops that want to be placed together in the same unit MUST provide volunteers to meet our ratio of 1 full-time volunteer for every 8 campers.
- (3) Full refunds will only be given if we CANNOT place a camper. If a camper withdraws by June 1, a 50% refund will be given. No refunds will be made after June 1. Requests for refunds must be made in writing by June first by mail at the above address or email to hcoatfamily@cox.net.
- (4) Returned check fee \$15 cash plus registration fee payed in cash.
- (5) Product sales coupon credits can ONLY be subtracted from money due IF you submit the coupon at the time of registration. If not, you MUST pay total due and when we receive the coupon, you will be reimbursed. Coupons must be received our no later than June 28, 2018. Expired coupons cannot be accepted.

Please complete list on the following page of campers and volunteers included in registration.



Orange Girl Scout Day Camp Registration Summary
Please complete this form and submit along with your payment

Family Last Name: _____

Registered Camp Participants:

Camper (Entering Grades K-7) Also complete Camper Unit Placement Form:

Level Fall 2018 (Circle one)

Full Name _____	Daisy	Brownie	Junior	Cadette
Full Name _____	Daisy	Brownie	Junior	Cadette
Full Name _____	Daisy	Brownie	Junior	Cadette
Full Name _____	Daisy	Brownie	Junior	Cadette

Staff Aide (Entering Grades 8-12) Also complete Staff Aide Application:

Field Trip (Circle one)

Full Name _____	Yes	No
Full Name _____	Yes	No
Full Name _____	Yes	No

Full Time Adult Volunteer (Please complete Adult Volunteer form)

Full Name _____

Full Name _____

Part Time Adult Volunteer (Please complete Adult Volunteer form)

Field Trip (Circle one)

Full Name _____	Yes	No
Full Name _____	Yes	No

Boy (Entering Grades K-7; Children of Adult Volunteers Only)

Field Trip (Circle one)

Full Name _____	Yes	No
Full Name _____	Yes	No

Pixie (Preschool; Children of Adult Volunteers Only)

Field Trip (Circle one)

Full Name _____	Yes	No
Full Name _____	Yes	No

Orange Girl Scout Day Camp
Hart Park, Orange
Camper Unit Placement Form
Please complete for each camper registered

Help us place your camper in the right unit for her:

Camper Name _____

School _____ Grade Fall 2018 _____

Troop Number _____ Level Fall 2018 _____

Buddy 1 _____ Troop Number _____

Buddy 2 _____ Troop Number _____

Are you registering with other members of your troop? __Yes __ No

Is a leader or other adult from your troop volunteering at day camp? __Yes __ No

If yes, list names:

Orange Girl Scout Day Camp
Hart Park, Orange
Staff Aide Day Camp Volunteer Application (for Youth to fill out)

Name _____			Date of Birth _____		
Age at camp _____		Grade in Fall _____		Current School _____	
Email: _____			Cell _____		
Camp name (if you have one) _____					
Have you worked our day camp before? _____ If yes, how many years _____ what unit(s)? _____					
What unit are you interested in working with? List choices 1 st – 7 th NOTE: NO guarantees in placement!					
<input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> AIT <input type="checkbox"/> Pixies <input type="checkbox"/> Boys <input type="checkbox"/> Headquarters (program)					

Will you be at day camp every day <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' what days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri*					
Will you be at camp all day (9am-3:30pm), every day? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' list time you will be there each day:					
_____ Monday		_____ Tuesday		_____ Wednesday _____ Thursday _____ Friday	
*Staff Aides going on Friday field trip to Queen Mary must pay \$25 Field Trip Fee.					
Have you completed our camp AIT Training? <input type="checkbox"/> Yes <input type="checkbox"/> No			-OR- GSOC Program Aide Training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Date _____			If Yes, Date _____		

List any experience you have had working with children:

Your Position	Job description (what you did)	Agency (Girl Scout, YMCA, Church, etc)

References - List 2 people who can make a statement regarding your experience, character and abilities. At least one should be from Girl Scouts (Do not include relatives or friends)

Name	Position	E-mail and/or phone

By signing this, I acknowledge that I am volunteering to be a Staff Aide (youth volunteer) at day camp and as such, I am an important part of the Day Camp leadership. I understand that my duties will include the safety and well being of younger campers; either in a camper unit or as program staff. I understand that I am expected to act in an appropriate manner in keeping with my duties and the Girl Scout Promise and Law. I understand that I will be under the supervision of day camp adult volunteers and at any time if I do not perform to Girl Scout standards, appropriate action will be taken which may include dismissal from the Staff Aide program (parent will be notified). I also understand that I am required to attend 1 session of day camp staff training (dates TBA) and that I will be placed to work in camp where needed, even if it is not one of my first choices.

Signature _____ Date _____



Orange Girl Scout Day Camp
Adult Day Camp Volunteer Form

For Camp Use Only

Unit _____

Name _____ Day Phone _____ Cell _____
Email Address _____ Home Phone _____

Please check the day(s) you are volunteering: Full-time Monday – Friday ____
Part Time: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday*
***Part-time adults going on Friday field trip to Queen Mary must pay \$25 Field Trip Fee.**
Would you be available other days if needed ____ Yes ____ No What days _____
What unit are you interested in working with? List choices 1st – 8th NOTE: NO guarantees in placement!
____ Daisy ____ Brownie ____ Junior ____ Cadette ____ AIT ____ Pixies ____ Boys ____ HQ (program)

List any children attending camp with you

Name	(camp use)	Name	(camp use)

List any experience you have had working with youth – include Girl Scout experience.

Position	Year(s)	Council or Organization	City/State

Have you work this day camp before? ____ Yes ____ No. If so, what year(s) _____

Emergency Contact (required)

Name _____ Relationship _____
Phone _____ Alternate Phone/Cell _____

Do you know of any reason why you would not be able to perform the essential functions of the job for which you are applying for with or without reasonable accommodations? ☐ YES ☐ NO
If yes, what accommodations might be necessary? _____

My signature below acknowledges that the information, I have provided on this form is true and accurate. I have read the information and I understand that I am registering to attend and participate in Girl Scouts of Orange County day camp activities.

Signature _____ Date _____

(If you are a new volunteer you must complete a background screening, for more information go to:

<http://www.girlscoutsoc.org/volunteer> click on Background Screening Information)

Camper Health History

Camper Name _____
Day Camp _____
Day Camp Location: _____

Camper Name: _____
First Middle Last

Troop Number: _____ Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship _____ Preferred Phones: (_____) (_____) _____
to Camper: _____ Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship _____ Preferred Phones: (_____) (_____) _____
to Camper: _____ Email: _____

Additional contacts in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship _____ Preferred Phones: (_____) (_____) _____
to Camper: _____

Name: _____ Relationship _____ Preferred Phones: (_____) (_____) _____
to Camper: _____

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below the allergy and the reaction)

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet. ☐ This camper is lactose intolerant. ☐ This camper is gluten intolerant.
☐ Other ***Please describe below.***

Restrictions: ☐ I feel the camper can participate without restrictions.
☐ I feel the camper can participate with the following restrictions or adaptations.
Please describe below.

Medical Insurance Information:

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

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

"I (we), the undersigned parent, parents or legal guardian do hereby authorize the Girl Scouts of Orange County as Agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any licensed hospital, whether such diagnosis or treatment is rendered at a medical office, licensed hospital, or at the Day Camp First Aid area. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid Agents to give specific consent to any and all such diagnosis, treatment or hospital care which any of the aforementioned medical professionals, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be reached. It is further understood that the Girl Scout Accident/Sickness Insurance for Day Camp is secondary coverage and will only pay the portion of medical expenses your family medical insurance does not pay, subject to the restrictions and limits set forth in the Accident/Sickness insurance policy for Day Camp. If you do not have family medical insurance, please indicate this on the form. You may also be required by our insurance company to sign a statement indicating you do not have family medical insurance. This authorization shall remain in effect from the time my camper leaves for Day Camp to the time my camper returns home from Day Camp."

Signature of Parent/Guardian _____ Date _____

Camper Health History

Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

General Health History: Check “Yes” or “No” for each statement. Explain “Yes” answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis (“mono”) during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Has frequent headaches?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eye-wear?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Currently taking medication?..... | Yes No | For travel outside the country, please name countries visited and dates of travel. | |

If yes, please fill out the medication form

Please explain ALL “Yes” answers in the space below, noting the number of the questions.

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 (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> 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, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain “Yes” answers in the space below, and indicate the number of the question. The day camp staff may contact you for additional information.

My child is NOT taking any medication.

**My child is taking medication and/or may need
Over-the-Counter (OTC) medication at Day Camp.
(form will be email to you)**



Day Camp Adult Volunteer Health History

Name: _____	Camp Name: _____
First Last	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____	
Address: _____	
Street Address City State/ Country Zip Code	
E-mail: _____	
Is this your first year as Day Camp Staff? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Chronic Concerns: Check all that pertain to you and provide information about supportive healthcare.

_____ I have no chronic health concerns.

_____ I have the following chronic health concern(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches, Migraines | <input type="checkbox"/> Sleep problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Dysmenorrhea |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Surgical history | <input type="checkbox"/> Seizure disorder: |
| <input type="checkbox"/> Back pain or injury | <input type="checkbox"/> Knee or ankle weakness | <input type="checkbox"/> Other: _____ |

General Physical History: If you answer "Yes" to any of these questions, provide more information at the end of this section.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever passed out during or after extensive physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been dizzy during or after extensive physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever had chest pain during or after extensive physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you tire more quickly than others during physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever had high blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever had a racing heartbeat or skipped heartbeats? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever been knocked out or become unconscious? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you have skin problems (itching, rash, acne)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have you ever had a seizure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Have you ever had heat or muscle cramps? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Have you had mononucleosis in the past nine months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Do you wear glasses, contacts or use protective eye wear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Do you smoke and/or use other tobacco products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Do you use e-cigarettes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Do you have any dental issues/orthodontics (braces, retainers)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. For women: do you have any menstrual problems (pain, irregularity etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Do you have any allergies? This includes food, medication, bees, environmental, animals..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, where? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Leg <input type="checkbox"/> Neck <input type="checkbox"/> Chest | | |
| <input type="checkbox"/> Arm, hand <input type="checkbox"/> Ankle <input type="checkbox"/> Back <input type="checkbox"/> Hip <input type="checkbox"/> Foot | | |
| 22. Have you been in countries other than the United States in the past nine months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, list the countries and the time spent in them.

Country: _____	Dates: _____
Country: _____	Dates: _____
Country: _____	Dates: _____



Day Camp Adult Volunteer Health History

Please use the space below to explain and/or provide more detail about the General Physical Health questions to which you responded "Yes."
Please use another piece of paper as needed.

Mental & Emotional Health Information:

- A. Have you been diagnosed with attention deficit disorder (ADD or AD/HD)?
- B. Do you have a psychiatric diagnosis such as depression, OCD, panic/anxiety, bipolar disorder that may impact your ability to work?
- C. Do you have an eating disorder?
- D. Do you have a learning disability?
- E. Do you have an emotional health concern that may impact your ability to do your job?
- F. During the past year have you seen a professional about any emotional/mental concerns that could impact your work?

If "yes" to any of the questions in this section, please attach a statement that:

- A. Describes the concern and your management plan for addressing it while working at camp; and
- B. Describes the support needed for your immediate supervisor and camp director

Insurance Company _____ Policy Number _____

Subscriber Name _____ Insurance Company Phone Number _____

Emergency Contact: *Who do you want us to contact in an emergency?*

First Contact: _____	Preferred Phone: (_____) _____	Relationship to You: _____
Alternate Contact: _____	Preferred Phone: (_____) _____	Relationship to You: _____

Authorization for Disclosure of Healthcare:

I verify that this health history is correct. That I am capable of performing the essential functions of my job and participating in assigned work duties as noted on this form. I understand that my health information will be used by the Day Camp's Health Staff in providing care to me and can be shared with and or viewed by the Day Camp Director.

Signature of
Day Camp Volunteer: _____ Date: _____

AUTHORIZATION TO CONSENT TO TREAT

(I) do hereby authorize the Girl Scout Council of Orange County as Agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or at health center of camp by Registered Nurse and or designated First Aider.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid Agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of her/his best judgment, may deem advisable.

I also understand that the Girl Scout Accident/Sickness Insurance for GSOC Day Camp is secondary coverage. This means that the Girl Scout Insurance pays only the portion your family medical insurance does not pay, subject to limits set forth in the Accident/Sickness policy for GSOC Day Camp. If you do **not** have family medical insurance, our insurance company will require that you sign a statement to that effect. This authorization shall remain in effect while the staff is in attendance of GSOC Day Camp or camp activities.

Day Camp Volunteer Signature _____ Date _____

GIRL SCOUTS OF ORANGE COUNTY

DAY CAMP RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I (we), the undersigned parent, parents, or legal guardian of _____, a minor, hereby request that she be permitted to attend the Girl Scouts of Orange County's Day Camps ("Camp") from _____ to _____, and consent to my child's participation in all activities associated with attendance at Camp, including off-site activities (collectively "Camp Activities").

I am aware that while attending Camp, my child may engage in physical activities which may create a risk of harm to my child. I further understand that because of the nature of Camp, my child will not be constantly supervised, therefore potentially giving rise to certain unforeseen circumstances. These risks, in addition to all other possible risks, could result in injury and/or death, and my child and I fully understand the risks and the potential harm that can be associated with participating in Camp and the various Camp Activities. In consideration of my child being permitted to attend Camp and participate in Camp Activities, I hereby:

1. Agree to indemnify and save and hold the Girl Scouts of Orange County, their directors, officers, employees and agents (collectively "GSOC") harmless from any liability, loss, damage, or cost that may occur or be incurred due to the participation of my child in Camp, including all Camp Activities and travel to and from Camp;
2. Release, waive, discharge and covenant not to sue GSOC from all liability to me, my child, her personal representatives, assigns, heirs and next of kin for any loss or damages, and any claim or demands on account of injury to or resulting in death of my child, whether caused by the negligence of GSOC or of any other person while my child is at Camp, engaged in Camp Activities, or traveling to or from Camp;
3. Assume full responsibility for and risk of bodily injury or death, whether due to the negligence of the GSOC or otherwise, while attending Day Camp, engaged in Day Camp Activities, or traveling to or from Day Camp. I expressly acknowledge and understand that accidents and injuries may occur while at Day Camp and expressly assume all of the risks due to the negligence of GSOC and any others participating or contributing to Day Camp;
4. Expressly agree, permit and assume the risk of any medical treatment which may be rendered and agree to expressly release and indemnify GSOC from any liability for providing, or failing to provide, any emergency medical treatment. Furthermore, notwithstanding any medical condition the nature of which I have disclosed to the GSOC, I consent to allow my child to attend Camp. Furthermore, I expressly agree to assume the risks of any medical treatment which may be rendered, or failed to be rendered, with respect to such medical condition, by the GSOC and any other party contributing to operation of Camp.

I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read, fully understood its content and voluntarily sign this release, waiver, and indemnity agreement. I further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature of Parent or Guardian

Date