



Oso Valley Service Unit
presents
Girl Scout® “Fairy Tales” Day Camp 2018
July 9- July 13, 2018
9:00 a.m. to 2:00 p.m.
Laguna Niguel Regional Park

Campers will have fun learning about their favorite, fables, fairytales, stories and nursery rhymes. They will explore stories from various authors, from Hans Christain Anderson, Brothers Grimm, Mother Goose and many more. Camp will end with a final day of fun packed events and a special camp provided lunch on Friday.

REGISTRATION FEES FOR DAY CAMP JULY 9 - 13, 2018:

<u>Campers and Adult Voluteers</u>	<u>#Registered</u>	<u>Fee</u>	<u>Total</u>
Girl Scout Campers (Registered Girl Scouts)	_____	x \$90 each = \$ _____	
“GEM’s” Program Aides, Grades 7-12	_____	x \$45 each = \$ _____	
Pixie Campers (Girls & Boys 3-5 yrs. old of Adult Volunteer)	_____	x \$35 each = S _____	
Boy Campers (sons of Adult Volunteer, 5-10 years old)	_____	x \$35 each = \$ _____	
Extra Camper /Pixie/ Adult or Gem T-Shirt	_____	x \$10 each = \$ _____	
T-Shirt for Adult Volunteer (Required for adults working less than 5 days)	_____	x \$10 each = \$ _____	
Total Due by May 15th			\$ _____

- Adult Volunteers who work 5 days receive a FREE t-shirt and have one girl camper attend FREE!
- Parents: Please submit your Registration and Health History Forms with payment to your TROOP LEADER , check payable to your troop. If your troop leader has NOT made this registration process available to you through your troop, you may register individually. Please make checks payable to “Oso Valley Day Camp” and submit by May 15, 2018 to DayCamp Registration: 26681 Baronet, Mission Viejo, CA 92692
- Leaders: Please submit all registrations together with a double- signature troop check, payable to “Oso Valley Day Camp” by May 15th, 2018

**We are sorry, but Oso Valley Day Camp cannot be responsible for lost items. Please label all personal items*

Oso Valley Service Unit- All-Volunteer Day Camp 2018

Registration Information for

Camp is open to any girl, entering Kindergarten-6th grade in September.

Boy Camp (5-11 year old boys) and Pixie Camp (3-5 year olds) will be **available only for the children of Adult Volunteers only on their volunteer day(s)**. Insurance requires that parent be at camp during the time their child is in boy or pixie camp.

Registrations should be made through your troop. Parents please make check payable to their troop and then the troop will write ONE TROOP CHECK to "Oso Valley Day Camp". **All camp registrations & payments due May 15th, 2018**, at the registration address listed below. Camp will be filled according to postmarks and dates received.

Fee includes: T-shirt, hat, patch, Friday's all-camp lunch, and camp gifts & activities. All adult volunteers must wear a camp T-shirt, which will be provided free of charge to adults working 5 days. Adults working less than 5 days need to order a T-shirt for \$10.

Participants bring lunches / water Mon-Thurs. Don't miss our Grand Finale luncheon on Friday where campers will enjoy a feast provided by DayCamp and enjoy wonderful last day special activities. Children with food allergies are recommended to bring lunch on Friday, as camp will be unable to accomodate all types of allergies.

Adult Volunteers

Enjoy Day Camp for FREE! **Adult volunteers who work 5 days may have one Girl Scout camper attend for FREE!** We must have adult/girl ratios of 1:6 for Daisies, 1:6 for Brownies, and 1:16 for Juniors at Day Camp. If we do not meet our adult ratios, we will be forced to reduce our camper numbers. **Troops can either have one adult volunteer for 5 days or have several different adults co-volunteer on different days.** However, troops that are having several different adults working **MUST** specify who and on what days these adults will be attending camp at the time of registration. All Volunteers are required to be registered and background screened by GSOC to work with children. Please see DayCamp Director for paperwork. Volunteers who work 5 days will receive a free camp T-shirt and **all adult volunteers are REQUIRED to wear a camp T-shirt.** Training will be provided to all adult volunteers and is mandatory for Unit Leaders. **This is a great opportunity to help without a long term commitment.** The girls really need your support! Do it for the girls!

GEMS (GIRLS WITH EXTRA MATURITY, ENTERING GRADES 7-12)

Share experience and knowledge with younger Girl Scouts! As GEM, you can help younger children with crafts, songs and games while earning IPs, leadership/service hours, and having fun too! Our camp cannot sparkle without our GEMs!

Boy Camp / Pixie Camp

Children of Adult volunteers have a chance to share our wonderful Day Camp experience. Boy Camp (5-11 year olds) and Pixie Camp (3-5 year olds – if not toilet trained, diapers must be changed by parent) will be on the park site during camp hours. At the semi structured camp they will enjoy crafts, games, play and story time. Boy Camp will have their own activities, hikes and age appropriate crafts. Sack lunches and water need to be provided by the parent, except on Friday when the whole camp will enjoy lunch and program together.

Transportation

Parents transport their camper(s) to/from Day Camp. Carpooling is strongly encouraged. Vehicles parked for the duration of DayCamp must display a parking pass. Vehicles dropping off campers will be required to display a Entry Pass provided to you. Vehicles with these passes will enter for FREE only 15 minutes before and after the drop/pick up times. **If you enter the park at any other time, there is a fee per vehicle per entry collected by the park.** Please do NOT honk at the ranger, or try to "run the gate" when the arm is up. Girl Scout manners are expected when dealing with the Park Employees and Rangers at all times.

Day Camp Director & Registration

Maggie Sepulveda, Day Camp Director
26681 Baronet., Mission Viejo, CA 92692

Dee Dee Keuning, Day Camp Assistant Director

osovalleydc@aol.com
(949) 462-4054 text or cell

bartdd@sbcglobal.net
(949) 351-6131

Camper Health History

Camper Name

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

First

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

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

Middle

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

Last

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.*

Day Camp

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 (_____) _____

Day Camp Location:

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