



Rancho Trabuco Association
Girl Scout Day Camp 2018

Fantasmania

9am to 2:30pm, Monday, July 23 to Friday, July 27, 2018
Lakeview Park off Santiago Canyon near Irvine Lake

Day camp is a program run by older scouts and a great experience for all ages. It's an opportunity for girls to meet new friends and create new memories that'll last them for a lifetime while making crafts, singing songs, playing games and learning new skills. It's like going to camp without the long drive, homesickness, and overstuffed duffle bag.

REGISTRATION SUMMARY FORM

PLEASE COMPLETE ONE COPY OF THIS FORM PER FAMILY AND SUBMIT WITH YOUR REGISTRATION PACKET
SUBMIT FORMS/PAYMENT NO LATER THAN JUNE 10th (May 27th FOR EARLY BIRD DISCOUNT)

FAMILY NAME	
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REGISTRATION TYPE	QUANTITY	COST	TOTAL
Camp Aide/GEM		X \$20	
Girl Camper (grade K-8)		X \$100	
Boy/Pixie (boys 3-11/girls 3-5)		X \$65	
Full Time Adult Volunteer (5 days)		X \$0	
Part Time Adult Volunteer (1-4 days)		X \$0	
Extra T-shirts (each participant receives one shirt as part of the registration fee)		X \$10	
TOTAL FEES			

DISCOUNT TYPE	QUANTITY	AMOUNT	TOTAL
Early Bird Registration (total Campers & Pixies; must receive by 5/27)		X \$25	
Adult Volunteer (list total days volunteered; 1 to 5 per adult)		X \$10	
TOTAL DISCOUNTS			

TOTAL FEES		TOTAL DISCOUNTS		TOTAL DUE
	-		=	

Mail check and registration packet to:

RT Day Camp
C/O Christa Ruiz
23 Paseo Brezo
Rancho Santa Margarita, CA 92688

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Adult Volunteers – The number of girls we can accommodate depends solely on the number of adult volunteers we have on staff. In order to offer this wonderful program for your girls, **we must have at least ONE adult volunteer for every 5 girls. You do not need to be a troop leader to volunteer**, but you do need to be a registered “Responsible Adult” and have passed background screening to volunteer. Plus, each full-time volunteer will receive a \$50 credit towards their child’s 2018 camp fee and get a week of fun for free! (Part-time volunteers will receive \$10 per day volunteering.) Absolutely no experience necessary and mandatory training will be provided. Older girls will be assigned to lead activities in each area. **We need you to make our day camp a success!**

Program Aides and GEMs (Girls with Extra Maturity) – Share your experience and knowledge with younger Girl Scouts! Day camp is a great opportunity to develop your leadership skills with younger girls in camp units and by teaching skills and activities. Cadette, Senior, and Ambassador Girl Scouts who are at least 12 years old by camp week and/or entering 7th – 12th grade are eligible to work at camp. Program Aide training is recommended and camp is a great way to earn required Program Aide hours. No previous experience is necessary and mandatory training will be provided. We will provide a certificate of proof of service hours for intermediate and high school students. Our camp cannot sparkle without our GEMs!

Siblings (Boys and Pixie Camps) – We offer a sibling camp during camp hours for children of adults who are full-time volunteers. Insurance requires that the parent be at camp during the time their child is at camp. Pixies (3 years old and potty-trained to Kindergarten-age) and Boys (3 years old and potty-trained to 11 years old) may attend only on the days that their parent is volunteering. If you are a “no-show” or leave early on a given day, your pixie or boy cannot stay at camp.

Boy Scouts will be leading our Boys Camp and they will try to work with the boys on earning Cub Scouts belt loops while at camp.

Parking

There will be ample parking for everyone.

Registration and Fees

- We will determine the total capacity we can accommodate based on the number of available Adult Volunteers and Camp Aides. We will accept and place campers based on first-come, first-served basis; the date your registration payment is received will determine the order of placement.
- **Incomplete and non-legible registration packets will not be processed and will be returned!** Examples of an incomplete packet would be:
 - Missing signatures on forms
 - Missing forms
 - Incomplete forms
 - Unable to read/non-legible forms

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- Missing payments
- Registration may be submitted individually **or** as a troop. If registering as a troop, submit all registrations with ONE TROOP CHECK with two signatures to "Rancho Trabuco Day Camp."
- Fees include a T-shirt, patch, all camp activities and lunch on Friday.
- **Campership funds** are available through GSOC for registered Girl Scouts needing financial assistance. Forms are available from your troop leader or at www.girlscoutsoc.org. Completed, approved applications are due with registration along with a check for the difference, if any.
- **Cookie Dough and OC Bucks Coupons** that expire on April 30, 2018 must be **received NO LATER** than April 30, 2018 as we must take them to Council within a specified date.
- **Returned Check Fee:** \$25 cash plus camp registration fee in cash.
- **Cancellation/Refund Policy:** Half of the camp fees will be refunded if written cancellation is received by Camp Director/Registrar on or before May 27, 2018. **NO REFUNDS** after this date.

Buddy Requests

Campers may request to be placed in a unit with their friend(s). This is a **request** only and we will do our best to accommodate it, but it is not guaranteed. Buddy requests are part of the online registration information. Please list up to two friends, being sure to spell names accurately and include troop numbers.

Additional Camp Information

- Everyone **MUST** bring a sack lunch, water and snack each day, unless other arrangements are made. Friday luncheon will be provided by Day Camp.
- **Each troop registering must have one full-time adult volunteer per five campers registered.** Troops who do not meet this ratio will be put on the waiting list. If we do not meet our ratio, we will be forced to reduce our camper numbers.
- **Everyone** must wear their 2018 RT Day Camp T-shirts every day. The dress code must be followed by **EVERYONE**: covered shoulders, tummies, toes and heels; covered heads when in the sun. Additional T-shirts may be ordered with registration. Please order T-shirts large enough to fit in July.
- You will receive an email confirmation that we have received your registration packet. A complete camper information packet including check-in procedure, dress code, and more will be sent by email to each registered camper in June.

Business Staff – Questions may be directed to: rtdaycamp@gmail.com

Camp Director and Registrar: Theresa Ryan 714-293-1990

Business Manager & Games Director: Tracey Tuohy 949-303-8614

Health Supervisor: Laura Elicker

Arts & Crafts Directors: Teri Hulett & Archana Gupta

Camper Name

First

Middle

59

Day Camp

Day Camp Location

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