girl scouts of orange county

Colorful Changes

Westminster Girl Scout Community Day Camp
www.angelfire.com/super2/daycamp

This is an opportunity for girls to have a safe, fun-filled experience in the out-of-doors while making new friends and memories she will cherish forever. Girls will make crafts, sing songs, learn new skills, earn badges and play games with their new friends.

Monday, July 16th to Friday, July 20th
10:00 a.m. – 4:00 p.m.
Bolsa Chica Park

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To Qualify for: Early Bird Fee, payment must be received/postmarked NO LATER than 6/01/18
On Time Fee, payment must be received/postmarked NO LATER than 6/22/18

CAMPERS & VOLUNTEERS	EARLY BIRD	TOTAL	ON TIME	TOTAL
Girl Scout Campers	$65.00		$80.00	
Additional Registered Girl Scouts – from same family	$45.00		$60.00	
Campers of full-time Adult Volunteers (**Volunteer All Day Every Day**)	$35.00		$45.00	
Camper/Program Aide Staff (7-12th grade)	$20.00		$25.00	
Pixies both girls & boys (3 yrs. Potty trained to 5 yrs) of Full-time Volunteers	$35.00		$45.00	
Pixies both girls & boys (3 yrs. Potty trained to 5 yrs) of Part-time Volunteers	$10/day		$10/day	
Boys (6 - 11 yrs old) of Full-time Volunteers	$35.00		$45.00	
Boys (6 - 11 yrs old) of Part-time Volunteers	$10/day		$10/day	
*All adult volunteers must register as a Girl Scout and pass background check	TOTAL DUE	$		$

If registering a Program Aide and a Camper, additional discount **does not** apply.

***If payment postmarked after the "On-Time" due date add $20 to registration fee**… Registrations/Payments postmarked after "On Time" due date will be processed **depending on availability**.

THERE WILL BE NO REFUNDS

Parent Name:_____ **Phone:**_____
Troop #:_____ **Email:**_____

Registration Checklist

- ❑ Registration for each Camper, Camp Aide, Adult Volunteer, Pixie or Boy, **COMPLETED ONLINE**
- ❑ Medical Forms for each Camper, Camp Aide, Adult Volunteer, Pixie or Boy filled out and **SIGNED**
- ❑ Photo Release Form for each Camper, Camp Aide, Adult Volunteer, Pixie or Boy, **SIGNED**
- ❑ Waiver of Liability for each Camper, Camp Aide, Adult Volunteer, Pixie or Boy, **SIGNED**
- ❑ Behavior Agreement for each Camper, Camp Aide, Adult Volunteer, Pixie or Boy, **SIGNED**
- ❑ Appropriate fees from each Camper/Family collected and **TURNED INTO DAY CAMP**

Day camp is a fun INDIVIDUAL event. Campers will be placed in "units" based on their grade in the fall and the availability of adult supervision. Girls will be placed in the order received with priority given to the children of **Full-Time** adult volunteers.

Friend Requests: Camper may request to be with one friend, this is a **request** only and we will do our best. **IT IS NOT A GUARANTEE.**

Checks made payable to:	Mail check and forms to:	
Westminster Day Camp	Tina Gestoso 13661 Jefferson St. Westminster, CA 92683	**Cookie Dough can be used toward Day Camp fees.** *Camperships* are available. Call Girl Scout Council to request application.

Camper Health History

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

Email: _____

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

Second parent/guardian or other emergency contact:

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

Email: _____

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

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

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

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 Name
First
Middle
Last
Day Camp
Day Camp Location:

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? ☐ Yes ☐ No
2. Ever had surgery? ☐ Yes ☐ No
3. Have recurrent/chronic illnesses? ☐ Yes ☐ No
4. Had a recent infectious disease? ☐ Yes ☐ No
5. Had a recent injury? ☐ Yes ☐ No
6. Had asthma/wheezing/shortness of breath? ☐ Yes ☐ No
7. Have diabetes? ☐ Yes ☐ No
8. Had seizures? ☐ Yes ☐ No
9. Has frequent headaches? ☐ Yes ☐ No
10. Wear glasses, contacts, or protective eye-wear? ☐ Yes ☐ No
11. Had fainting or dizziness? ☐ Yes ☐ No
12. Passed out/had chest pain during exercise? ☐ Yes ☐ No
13. Had mononucleosis ("mono") during the past 12 months? ☐ Yes ☐ No
14. If female, have problems with periods/menstruation? ☐ Yes ☐ No
15. Have problems with falling asleep/sleepwalking? ☐ Yes ☐ No
16. Ever had back/joint problems? ☐ Yes ☐ No
17. Have a history of bedwetting? ☐ Yes ☐ No
18. Have problems with diarrhea/constipation? ☐ Yes ☐ No
19. Have any skin problems? ☐ Yes ☐ No
20. Traveled outside the country in the past 9 months? ☐ Yes ☐ No

For travel outside the country, please name countries visited and dates of travel.

21. Currently taking medication? ☐ Yes ☐ No

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

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)**

girl scouts of orange county

Day Camp Adult Volunteer Health History

Name: _____ Camp Name:_____
First Last

Gender: ☐ Female ☐ Male Birthdate: _____

Address: _____
Street Address City State/ /Country Zip Code

E-mail: _____

Is this your first year as Day Camp Staff? . . . . . ☐ No ☐ 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):

☐ Asthma ☐ Headaches, Migraines ☐ Sleep problem
☐ Diabetes ☐ Difficulty breathing ☐ Dysmenorrhea
☐ Fainting ☐ Surgical history ☐ Seizure disorder:
☐ Back pain or injury ☐ Knee or ankle weakness ☐ 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? . . . . . ☐ Yes ☐ No
2. Have you ever passed out during or after extensive physical activity? . . . . . ☐ Yes ☐ No
3. Have you ever been dizzy during or after extensive physical activity? . . . . . ☐ Yes ☐ No
4. Have you ever had chest pain during or after extensive physical activity? . . . . . ☐ Yes ☐ No
5. Do you tire more quickly than others during physical activity? . . . . . ☐ Yes ☐ No
6. Have you ever had high blood pressure? . . . . . ☐ Yes ☐ No
7. Have you ever had a racing heartbeat or skipped heartbeats? . . . . . ☐ Yes ☐ No
8. Have you ever been knocked out or become unconscious? . . . . . ☐ Yes ☐ No
9. Do you have skin problems (itching, rash, acne)? . . . . . ☐ Yes ☐ No
10. Have you ever had a seizure? . . . . . ☐ Yes ☐ No
11. Have you ever had a stinger, burner, or pinched nerve? . . . . . ☐ Yes ☐ No
12. Have you ever had heat or muscle cramps? . . . . . ☐ Yes ☐ No
13. Have you ever been dizzy or passed out in the heat? . . . . . ☐ Yes ☐ No
14. Have you had mononucleosis in the past nine months? . . . . . ☐ Yes ☐ No
15. Do you wear glasses, contacts or use protective eye wear? . . . . . ☐ Yes ☐ No
16. Do you smoke and/or use other tobacco products? . . . . . ☐ Yes ☐ No
17. Do you use e-cigarettes? . . . . . ☐ Yes ☐ No
18. Do you have any dental issues/orthodontics (braces, retainers)? . . . . . ☐ Yes ☐ No
19. For women: do you have any menstrual problems (pain, irregularity etc) . . . . . ☐ Yes ☐ No
20. Do you have any allergies? This includes food, medication, bees, environmental, animals…… ☐ Yes ☐ No
21. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas? . . . . . ☐ Yes ☐ No

    If so, where? ☐ Head ☐ Shoulder ☐ Leg ☐ Neck ☐ Chest
    ☐ Arm, hand ☐ Ankle ☐ Back ☐ Hip ☐ Foot
22. Have you been in countries other than the United States in the past nine months? . . . . . ☐ Yes ☐ No

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

Country: _____ Dates: _____

Country: _____ Dates: _____

Country: _____ Dates: _____

girl scouts of orange county

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