

# Brea Girl Scout Day Camp Registration Summary Form

To be completed by Parent or Troop Leader

For each camper attending day camp with her troop, the TROOP LEADER will be responsible for collecting and submitting all the forms listed below along with a current troop roster and 1 troop check. If the camper is a girl attending without her troop, a Pixie, or a boy then payment and completed forms will be turned into day camp by the parent, separate from the troop paperwork.

Parent or Leader's Name \_\_\_\_\_ Troop # \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

There will need to be 1 set of forms collected for every camper registered into the day camp. Please review all forms to make sure they are completely filled out and signed prior to the registration deadline. The day camp business manager will contact the parent/Troop Leader if there is any missing information. Please submit one troop check from your troop's account or use personal check if registering your individual camper.

Registration is due by **May 23**. Send to: Jill Patterson 1485 Arrow Wood, Brea, 92821

If you have any questions, contact Maria Henderson at [mhen503@sbcglobal.net](mailto:mhen503@sbcglobal.net)

## Checklist

- ☐ Registration for each participant **COMPLETED ONLINE**
- ☐ Health History form for each participant **COMPLETED & SIGNED**
- ☐ Waiver of Liability for each Camper, Camp Aide, Adult Volunteer, Pixie or Boy, **COMPLETED & SIGNED**
- ☐ Behavior Contract for each Camper, Camp Aide, Adult Volunteer, Pixie or Boy, **COMPLETED & SIGNED**
- ☐ Photo Release - required if someone other than parent/guardian completed on-line registration (to be emailed to you)
- ☐ Medication Release Form **As Needed** (to be emailed to you)
- ☐ Appropriate fees from each Camper/Family collected and **TURNED INTO DAY CAMP**

Registration Fees:	# Registered	Fee	Amount
Girl Scout Campers	_____	\$65.00	_____
Program Aides (Grades 7-12)	_____	\$20.00	_____
Pixie Campers (Girls & Boys 2-5 years old of full-time adult volunteer)	_____	\$30.00	_____
Boys' Camp (Boys entering K-12 years old of full-time adult volunteer)	_____	\$65.00	_____
Additional t-shirt: T-Shirt Size: _____	_____	\$10.00	_____
<b>TOTAL COST =</b>	_____		_____

*Camp fee includes T-shirt, patch, daily activities, snacks.*

**Cookie Dough & OC Bucks can be used toward Day Camp fees.**

**"Camperships" are available** (all information is confidential). Call the Girl Scout Council Office at: (949) 461-8800 to request a Campership Application.

**THERE WILL BE NO REFUNDS for Brea Girl Scout Day Camp.**

Please make one check payable to "Brea Girl Scout Day Camp".

Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Please verify that troop checks have two signatures.

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 and Older Girl Scout volunteers. **TRANSPORTATION... is the parents’ responsibility.**

## **DAY CAMP SERVICE PROJECT**

Please save pull tabs from soda cans for our service project for the Ronald McDonald House. There will be a contest to see which unit can bring in the most pop tabs! Must be aluminum cans.

## **CADETTE, SENIOR, & AMBASSADOR GIRL SCOUTS**

PLANNING and LEADING at Brea Girl Scout Day Camp is a great way to complete many requirements for service or leadership recognition while you have fun and make new friends. Cadette, Senior, and Ambassador Staff, entering 7th grade or higher and at least 12 years old, will have the opportunity to teach songs, games, skills, crafts and assist with camper units.

## **PARENTS... Adult Volunteers Needed!**

In order to offer this wonderful program, we must have at least ONE adult volunteer for every 6 children. ABSOLUTELY NO EXPERIENCE NECESSARY; free training provided! Join us for stress-free fun with your kids! Brea Girl Scout Day Camp is ONLY possible with the help of volunteers. The week’s program will be led by Older Girl Staff Assistants! You provide—with other parents—the required adult supervision for the girls. Please join us for a fun, adventurous and fulfilling week.

## **STAFF PERKS...**

***Every adult helping at camp for the entire week will get a \$30 discount for one camper!***

Full-time volunteers will receive a rebate of \$30 for one child’s camp fees. You also receive a T-shirt and patch. FULL TIME staff may bring their non-Girl Scout Pixies Monday – Thursday 1:30-7:30pm and Boys the entire camp time.

---- Rebate is given only after working the entire week.

---- Boys Camp – Ages Entering K-12 - Boys have their own program and fun!  
Boys will camp overnight.

---- Pixie Camp – Ages 3-5 - Boys and Girls have their own activities and do not stay overnight.  
*Girls entering Kindergarten are considered Pixies.*

--- Staff Training - MANDATORY for CAMP AIDES and ADULTS: Date TBD (early June)

**Please print** This form must be completed and signed by parents/guardians of all girls, at time of registration, and given to the leader only. Information on this side is confidential and is only shared with those caring for the girl, such as a first aider. Parents are responsible to provide an updated Health History Form in the event that any of this information changes.

Girl's name:	Phone: ( )	Name and phone of family physician: ( )
Family medical/hospital insurance carrier:	Policy or group no.	Name and phone of family dentist: ( )

Date of last health examination: \_\_\_\_\_ List any activities to be restricted: \_\_\_\_\_

**Please note any health conditions or concerns to consider during activities or when providing care:**

- ☐ Asthma      ☐ Bleeding/clotting disorders      ☐ Diabetes      ☐ Hearing impairment      ☐ Heart defect/disease      ☐ Seizures  
☐ Chronic Headaches/Migraines      ☐ Other (specify) \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_      ☐ Other (specify) \_\_\_\_\_

**Adaptive devices:**

- ☐ Glasses/contact lenses      ☐ Hearing aids      ☐ Mobility Device      ☐ Other (specify) \_\_\_\_\_

**Allergies — please specify exposure risk (ingestion/inhalation/touch), reaction and treatment, as appropriate:**

- ☐ Animals \_\_\_\_\_      ☐ Food \_\_\_\_\_  
☐ Hay fever/plants/pollen \_\_\_\_\_      ☐ Insect stings \_\_\_\_\_  
☐ Medicines/drugs \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Dietary needs — describe any practices to be followed:** \_\_\_\_\_

**Immunization history:** I affirm that my daughter/dependent has all immunizations required by California public schools (see <https://cchealth.org/immunization/school-requirements.php>) ☐ Yes ☐ No Date of last Tetanus/DPT immunization: \_\_\_\_\_

**Required or restricted medications:**

- My daughter/dependent needs or may need any of the following medications administered, e.g., inhaler, epinephrine injector, insulin or specific accommodations during her activity participation with her troop or individually. Please note if your child has permission to carry their own medication. (Write "None" if there are none.) \_\_\_\_\_
- I will provide the following medications for my daughter/dependent. I understand all medications must be in their original packaging and must have written instructions. Prescription medications must include physician instructions. (Write "None" if there are none.) \_\_\_\_\_
- Physicians, nurses, health professionals or first aiders *may not* administer the following medicines or treatments: (Write "None" if there are no restrictions.) \_\_\_\_\_

In case of sickness or accident, I/we give permission for medical attention and the administration of medication and treatment as prescribed by the girl's physician or as determined by an available physician, nurse, health professional or first aider.

I know of no reason, other than the information indicated on this form, why my daughter/dependent should not participate in prescribed activities except as noted. If I cannot be reached in the event of any emergency, the troop's leadership may act on my behalf by providing for emergency medical treatment and/or transportation.

<b>Optional permission to give over-the-counter medications or protective products:</b>					
I give permission to any first aider(s) to administer the following non-prescription medications to my daughter, according to package directions.					
Over-the Counter Medication	Permission	Initials	Over-the Counter Medication	Permission	Initials
Acetaminophen (such as Tylenol)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Neomycin (such as Neosporin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ibuprofen (such as Advil)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dimenhydrinate (such as Dramamine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calcium carbonate (such as Tums)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bismuth subsalicylate (such as Pepto Bismol)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Insect Repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pseudoephedrine (such as Sudafed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diphenhydramine (such as Benadryl)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print name of parent/guardian** \_\_\_\_\_

Complete Annual Permission section, on reverse. Questions or concerns about this form should be directed to the troop leader, or to [customercare@girlscoutsoc.org](mailto:customercare@girlscoutsoc.org).

# Annual Permission Section

## Please print

This side must be completed by parents/guardians of all girls. Information may be shared with other troop volunteers, when necessary.

Girl's name:	Troop number:	Date of birth:	School for 20____-____ year:	Grade:
Address:		Primary daytime phone: ( )	Primary evening phone:	
Parent/guardian 1 name		Parent/guardian 1 phone: ( )	Parent/guardian 1 email: ( )	
Parent/guardian 1 address, if different from girl:			Relationship to girl:	
Parent/guardian 2 name		Parent/guardian 2 phone: ( )	Parent/guardian 2 email:	
Parent/guardian 2 address, if different from girl:			Relationship to girl:	
Name of responsible person, other than above, to contact in an emergency:		Responsible person phone: ( )	Responsible person email:	
Additional contact info for any of the above:				

Is your daughter allowed to walk home by herself after a Girl Scout meeting or activity? <input type="checkbox"/> yes <input type="checkbox"/> no	Additional persons to whom your girl may be released (example: carpool driver, babysitter)
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<input type="checkbox"/> Yes <input type="checkbox"/> No  Initials_____	<b>Permission for routine activities and field trips:</b> My daughter/dependent has permission to travel to, attend and participate in troop- and council-sponsored activities that are 1) located within 150 miles and within the state of California, 2) not exceeding 8 hours or overnight, 3) not considered High Risk activities according to the <a href="#">High Risk Guidelines</a> (activities requiring approval are considered "higher risk." A separate Trip or Event Permission Form must be signed for each event which includes those activities.), and 4) activities that discuss sensitive topics require a sensitive issues form.  If "No" is selected here, a separate Trip or Event Permission Form must be signed for every trip or event which occurs outside the normal meeting place and time.  Parents/guardians must be informed of activity and field trip details in advance, even when the Annual Permission Form is used. I understand that the troop/group leader(s) will communicate plans with families via one or more methods, including (choose methods): <input type="checkbox"/> Volunteer Toolkit, <input type="checkbox"/> Email, <input type="checkbox"/> Other(specify)_____
<input type="checkbox"/> Yes <input type="checkbox"/> No  Initials_____	<b>Permission to participate in money-earning activities:</b> My daughter/dependent has permission to participate in all approved money-earning activities coordinated by the troop/group. Additional forms are required to participate in the Council Product Programs. I understand that funds earned belong to the troop, and not to any individual; our contribution to the troop's success does not result in any individual financial benefit to my daughter or me.
Initials_____	<b>Permission to use photographs:</b> Troop/Group Leaders will adhere to the photo permission listed on your annual membership form, and will follow the council process to identify girls who do not have permission to be included in videos, photographs, motion pictures, electronic images and/or audio recordings. <b>Please be aware that neither the troop nor Girl Scout Council Orange County is responsible for images of your daughter/dependent taken/used by individuals who have not been authorized or permitted to do so by the troop or Girl Scout Council Orange County.</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No  Initials_____	<b>Permission for emergency medical treatment:</b> I give my permission for the adult in charge to take my child to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I consent to treatment for my daughter/dependent under the supervision of, and as deemed advisable by, a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code. <b>If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.</b>

**Special accommodations:** My daughter/dependent requires the following special accommodations in order to be most successful. (Write "None" if there are none.) \_\_\_\_\_

**Parent agreement:** I have read and understand this Annual Parent Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group leader. I know of no reason why my daughter/dependent may not participate in prescribed activities except as noted on the Health History Form (see reverse). In consideration of my daughter being permitted to attend troop-approved events, I (we) hereby release, waive, discharge and covenant not to sue the Girl Scout Council of Orange County, its directors, officers, employees, volunteers and agents (collectively the "Council") from any and all liability to myself or my daughter for any loss or damage, including property damage, personal injury, or death, whether caused by the negligence of the Council or otherwise, resulting from or related to my daughter's participation in the Event.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



## 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 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

### CHILD 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 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 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 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

## **Adult Waiver and Release of Liability for Participation in Day Camp Activities**

### **Girl Scouts of Orange County**

I \_\_\_\_\_, hereby request to be permitted to attend the Girl Scouts of Orange County's Day Camps ("Camp") from \_\_\_\_\_ to \_\_\_\_\_.

GSOC does not require or expect parents to participate in Day Camp activities provided by the GSOC. A decision by any person to participate in these activities is purely voluntary. The GSOC is pleased to provide this opportunity for parents to participate in Day Camp activities with their daughter for the parent's own enjoyment. The GSOC does not undertake to supervise adults attending Day Camp activities.

I hereby acknowledge that such activities are potentially dangerous and may involve the risk of injury and I hereby release, waive, and discharge the GSOC, its officers, employees, representatives, or agents (the "Releasees") from all liability to myself, assigns, heirs, and next of kin for any and all loss or damage, and any claim, including a claim for workers' compensation benefits, or damages therefore on account of participation in said activity, or any other related activities that may occur, whether caused by negligent acts or omissions of the Releasees or otherwise.

I further hereby assume full responsibility for any risk of bodily injury, death or property damage, arising out of or related to participation in said activity(ies), whether foreseen or unforeseen and whether caused by the negligent acts or omissions of the Releasees or otherwise. I further acknowledge that injuries received may be compounded or increased by negligent medical attention or procedures of the Releasees and agree that this Waiver and Release of Liability and Assumption of Risk Agreement extends to all negligent acts or omissions by Releasees in providing such medical attention and is intended to be as broad and inclusive as permitted by the laws of the State of California in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

### **Informed Voluntary Consent**

I have read this Waiver and Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability of Releasees to the greatest extent allowed by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Date



Girl Scouts of Orange County  
Day Camp Camper Behavior Agreement

**Please read with your camper before signing this agreement.**

Camp is a place for campers to have fun, improve skills, become more independent, make new friends, develop social skills, experience a different environment and learn from positive role models. The Girl Scouts of Orange County embrace a respectful, supportive and inclusive environment where each camper can feel safe and grow.

To be successful at camp it is important to remember the Girl Scout Promise and to live by the Girl Scout Law. All campers and parents are asked to sign the Camper Behavior Agreement form. Please include this with the camper forms.

**Girl Scout Promise**

On my honor I will try:

To serve God and my country

To help people at all times

And to live by the Girl Scout Law.

**Girl Scout Law**

**I will do my best to be:**

**Honest and Fair,**

- I agree to follow all camp rules
- I agree to tell the truth in all situations, including those that include conflict

**Friendly and Helpful,**

- I agree to make every effort to improve our camp community every day
- I agree to help my fellow campers and day camp staff with tasks that help the camp community such as kapers, and helping put equipment and supplies away.
- I agree to enjoy the camp session, be flexible and keep a sense of humor and perspective
- I agree to get to know other girls by learning their names and understanding their personalities and values that may be different from my own.

**Considerate and Caring,**

- I agree to participate fully in the camp community by leaving my cell phone and other electronics at home (this includes but isn't limited to: ipod, ipads, gaming devices) and I understand that GSOC is not responsible for any lost or damaged items.
- I agree to listen to the needs of my fellow campers and do what I can to be sure they have a positive time at camp
- I agree not to pass judgment of others because they are different from me.

**Courageous and Strong,**

- I agree to let my day camp staff know about any inappropriate behavior I witness that may be hurtful or harmful to myself or others (examples: bullying, threats, name-calling, leaving the group without permission, etc)
- I agree to share my feelings of comfort and safety with my day camp staff
- I agree to use communication and coping skills if I become upset with something

**Responsible for what I say and do,**

- I agree to use appropriate language and behavior. I understand that excessive rowdiness, name-calling, fighting, sexual harassment, racial remarks, bullying, eye-rolling, the spreading of rumors, excluding others, inappropriate gestures, or acts of violence or abuse to myself or others is unacceptable.
- I agree not to bring alcohol, tobacco, controlled substances, illegal drugs, firearms or weapons to camp
- I agree to take an active part in learning and having fun at camp.

**And to Respect myself and others,**

- I agree to respect other campers and day camp staff belongings and space. I understand that I need to ask permission to use other campers' things and respect the answer that is given. I also agree to keep my hands and feet to myself.
- I agree to keep myself safe and take care of myself in an outdoor setting by drinking water, eating at meal

- times, getting enough sleep, taking medications (if applicable).
- I agree to respect the areas in and around the camp area.

**Respect authority,**

- I agree to respect the authority of the day camp staff and follow their directions
- I agree to remain with my designated group and staff member at all times, unless I have asked permission from my day camp staff

**Use resources wisely,**

- I agree to respect all property- both man-made and natural resources
- I agree to turn off lights and close doors so that energy can be conserved
- I agree to eat the food that I take, to have less food waste

**Make the world a better place,**

- I agree to help other campers and day camp staff keep my unit/area and camp safe and clean
- I agree to have an accepting attitude toward others who have values and cultural experiences different from my own

**And to be a sister to every Girl Scout.**

- I agree to do my best to have fun, try new things, make new friends and enjoy my camp experience in the spirit of Girl Scouting.
- I agree to be open to ideas other than my own and willing to cooperate for common objectives
- I agree to include all of the girls in my unit

**Discipline Procedures**

If a camper exhibits a negative behavior, that camper will be counseled by their unit staff, if the negative behavior continues or is seen as disruptive, unsafe, or harmful to self or others; parents/guardians may be notified and the camper may be removed from that particular activity. The parent/guardian of the camper may be asked for additional assistance by camp staff in helping the camper make positive choices while at camp.

If the behavior is seen as extreme, or if this behavior continues, parents or guardians may be contacted to come to camp and pick up their camper. No refund will be given for any missed camp opportunities as a result of the dismissal from the camp program as the camper violated the camper behavior agreement.

I understand that my attitude and behavior are critical to my success and to the success of others at camp this summer and that if I do not abide by these guidelines, my parent/guardian will be contacted. I understand that if the negative behavior continues that I can be dismissed from the day camp program.

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Camper Signature

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Date

I understand and have read the camper behavior expectation and discipline procedures for Girl Scouts of Orange County, Day Camp as explained above. I understand that my camper must adhere to this agreement as well as any policies that are added by camp staff throughout the duration of the summer program. By signing below, I agree to discuss these policies with my camper so that she will understand and comply with them while at camp. I further understand that non-compliance of this behavior agreement may result in the dismissal of my camper from the day camp program.

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Parent/Guardian Signature

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Date