



Girl Scouts.

Girl Scouts of Northern California Council

PETALUMA DAY CAMP

ADULT Registration Form

INSTRUCTIONS

- ◆ **WARNING** – please complete this form completely, from Box #1 through Box #27. This includes signing the form on the bottom of this page and enclosing payment. Only complete registration packets will be processed.
- ◆ Incomplete forms will need to be resubmitted with the missing information. Returned registrations will not be placed in camp until a complete registration packet is received.
- ◆ Complete this Adult Registration Form for adult volunteers. Complete a separate Girl Scout/Tag Registration Form for each child.
- ◆ Late registrations will not be accepted.
- ◆ Placement in camp is on a first-come-first-served basis of only complete registration packets. **5-Day Volunteers will have guaranteed placement of their child(ren) in camp as long as their registration packet is received during the Registration Period.** A waiting list will be maintained for those not placed in camp. Please take care to complete this form fully and accurately as we do anticipate the need for waiting lists this year.

VOLUNTEER INFORMATION

1. Adult's Last Name	2. Adult's First Name	3. Camp Name (a fun name you'd like to be called during camp)	
4. Address		5. City	6. Zip
7. Home Phone	8. Work Phone	9. Cell Phone	
10. Email		11. I am a registered Girl Scout <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. I will be a/n <input type="checkbox"/> Unit Leader <input type="checkbox"/> Assistant Unit Leader <input type="checkbox"/> Camp helper	13. Circle the all DAYS you will work (5-day volunteers circle all five days): Mon Tue Wed Thu Fri		14. Circle the all NIGHTS you will sleepover: Mon Tue Wed Thu
15. Name(s) and camp level(s) of child(ren) attending camp			

VOLUNTEER EMERGENCY CONTACT INFORMATION

16. Name of First Contact		16 a. Relationship of Contact to Adult	
16 b. Work Phone	16 c. Home Phone	16 d. Cell Phone	
17. Name of Second Contact		17 a. Relationship of Contact to Adult	
17 b. Work Phone	17 c. Home Phone	17 d. Cell Phone	
18. Day Camp T-Shirt Order Full week 5-day volunteers will receive a FREE T-shirt. Partial week volunteers will need to purchase their T-shirts Check size needed <input type="checkbox"/> Youth Sm <input type="checkbox"/> Youth Med <input type="checkbox"/> Youth Lg <input type="checkbox"/> Adult Sm <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult Lg <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL			
19. <input type="checkbox"/> 5-Day Volunteer, FREE T-shirt	20. <input type="checkbox"/> T-shirt Order - for partial week volunteers or to order additional T-shirts at a cost of \$10/shirt	21. Quantity	22. Amt Due for T-shirt(s) \$
23. Signature		24. Date	
25. Volunteer's Last Name		26. Volunteer's First Name	

PAYMENT

27. Fees Due: T-shirt Ordered, money enclosed. Note: T-shirt is **FREE** for 5-day volunteers. Partial volunteers will purchase a shirt.

27 a. Make checks payable to "Petaluma Day Camp". Write the camper(s)'s name(s) on the check. Checks will be cashed upon processing your registration. The Drop Deadline is June 1,; a refund will be issued for Drop requests made by this date. *No girl will be denied placement at camp based on inability to pay registration fees. Contact the Council, 1-800-73-GIRLS, for information about financial assistance. Financial aid must be initiated by parents/guardian before June 1, this Year.* To coordinate alternative payment plans enclose a note with your registration packet, and we will contact you. All balances must be paid in full by June 1, this Year. Ck#



Adult Health History

Girl Scouts of Northern California with offices in: Chico, Eureka, Alameda, Red Bluff, Redding, San Jose, Santa Rosa, & Ukiah
 T (800) 447-4475
 F (510) 633-7925
 www.GirlScoutsNorCal.org

Part 1: Adult information

Adult Name: _____ Birth Date: _____ Female Male

Address/City/Zip: _____ Email: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Health Information Privacy Statement

The Adult Health History Record is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health history record will be retained by the council or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years. Access to the information will be limited, but copies may be requested from the council by the participant or their legal representative.
I have read the above procedures for handling the health history record information and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Adult Participant Signature: _____ Date: _____

Part 2: Insurance Information

Name of Dentist: _____ Phone #: _____

Name of Doctor: _____ Phone #: _____

Insurance Carrier Name: _____ Policy/Group Number: _____

Part 3: Allergies/Illnesses/Injuries

Allergic Reactions: (Check those that Apply and specify nature of the allergic reaction)

- | | | | |
|----------------------------------|--|--|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Medicines/Drugs | <input type="checkbox"/> Pollen |
| <input type="checkbox"/> Food | <input type="checkbox"/> Insect stings | <input type="checkbox"/> Plants | <input type="checkbox"/> Other (specify) |

Check here for no known allergies

Chronic or Recurring Illnesses: (Check those that apply and give appropriate dates)

- | | | | |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Musculoskeletal Disorder | <input type="checkbox"/> Seizures |

Date of last health examination: _____
 If yes please explain: _____

Were any complicating medical problems noted? Yes No
 Other health conditions or injuries that might impact your participation? _____

Part 4: Medication

Are you taking any medications? Yes No

If YES, list medication, reason, and possible side effects

Medication	Possible Side Effects

Part 5: Consent to Treat

In the event of an emergency, every effort will be made to contact an emergency contact. I hereby give authorization to the Girl Scouts of Northern California to seek treatment for myself by a licensed physician pursuant to California Family Code Section 6910 and California Civil Code 25.8. I know of no reason(s), other than the information indicated on this form, why I should not participate in prescribed activities.

Adult Participant Signature: _____ Date: _____

Part 6: Emergency Contact(s)

Name	Relationship	Cell Phone	Day Phone	Evening Phone

Please review the information on this form annually. If there are no changes or just minor adjustments, please mark those, then sign and date this form where indicated

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Petaluma Day Camp

VOLUNTEER SERVICES AGREEMENT

(PLEASE TYPE OR PRINT IN INK)

Name: _____ Phone: (____) _____

Address: _____ Petaluma, CA
9495__

Driver's License Number: _____ State: CA Exp. Date: _____

I offer my services to the Girl Scouts of Northern California as a volunteer and understand that I will receive no monetary compensation for my work.

I agree to fulfill the responsibilities assigned to me and to abide by any Council policies or regulations that affect those responsibilities.

Conditions: (Indicate any limitations, etc.)

Training is a required part of your staffing obligation. This is accomplished by 4 hours of on-site pre-camp training.

Training date is: Wednesday, May 4 2016 6PM-8PM (returning & New Adult Volunteers)

Medication

Over-the-counter medicines will be used to treat routine illnesses per Treatment protocols. (Acetaminophen is used in place of aspirin). Please list any over-the-counter medicines you DO NOT want to receive: _____.

Note: We cannot administer medication that is not in its original container, labeled by the pharmacy with name, address, dosage and frequency. Please label with camper's name and dosage any over-the-counter drugs – anti-histamines, vitamins, etc.

I understand that I am not considered an employee or agent of Girl Scouts of Northern California, and am not entitled to Sick Leave, Vacation, Health and Welfare Benefits, Retirement Benefits, or any other leave or benefit established by State Law or Board Policy for employees of Girl Scouts of Northern California.

I understand that, in the event of a situation which renders it appropriate to do so, either the Girl Scouts of Northern California or I may cancel this agreement.

Camp: **Petaluma Day Camp**

Dates: **July 11th – 15th, 2016**

Responsibility: Unit Leader / Adult Volunteer

Location: Petaluma CA

Volunteer's Signature

Date

Council Representative's/ Camp Director Signature

Date