



## **PETALUMA DAY CAMP**

### REGISTRATION PACKET

# CAMPER

(Girls entering 7<sup>th</sup>-12<sup>th</sup> Grade)

#### A COMPLETE REGISTRATION INCLUDES:

1. CAMPER REGISTRATION FORM (page 4-5 in this packet)
2. CAMPER INFORMATION SHEET (page 2& 3 in this packet)
3. PHOTO (FACE–Wallet size no larger than 4x6) (page 6 in this packet)
4. HEALTH HISTORY FORM HEALTH HISTORY FORM (page 7-8 in this packet)
5. PAID IN FULL (checks payable to: Petaluma Day Camp)

## Petaluma Girl Scout Day Camp

# IMPORTANT CAMP INFORMATION

Petaluma Day Camp maintains conservative and modest standards for dress and conduct. Our goal is to have a comfortable, fun and safe camp atmosphere while not causing distraction and offending others. Staff members reserve the right to request a change in attitude and/or dress.

### **What to Wear**

A dress code has been implemented to ensure the comfort and safety of all Girls Scouts. ONE short-sleeve camp t-shirt\* will be included in the registration fee and provided to the girls on the first day of camp (you may purchase a 2nd shirt for an additional \$10). We ask that the girls wear this shirt to camp each day for identification purposes (expect to wash it frequently). Alterations to the camp shirt will not be permitted. Girls may also wear long pants or shorts that hit just above the knee (NO "short-shorts" or bare shoulders). Durable shoes with closed toes and laces and long socks are required (i.e. sneakers or hiking boots - No sandals, clogs, crocs or flip-flops). Please apply sunscreen and insect repellent before arriving at camp.

\*Camp T-shirt: One T-shirt is included in the registration fee for each camper (including TAGS). Be sure to order the correct size at the bottom of the "Camper Information Sheet." Once t-shirts are ordered they cannot be returned or exchanged.

### **Expected Camper Behavior:**

All campers are expected to abide by the Girl Scout Promise and Law. In an effort to ensure the safety of campers and an orderly camp, the Camp Director reserves the right to dismiss any camper, without refund, for reasons of safety or inappropriate behavior. If a camper is dismissed from camp, the Camp Director will have the parent/guardian pick up the camper immediately from Petaluma Day Camp. By sending your child to Petaluma Day Camp, you are agreeing with this policy. Our hope is that we never have to enforce this policy.

Our camp also practices a 'Zero Tolerance' approach to all types of violence and bullying. All campers are expected to demonstrate behavior that respects the rights of others. Campers are instructed to speak out if they see or feel that someone is not being treated appropriately. Campers exhibiting inappropriate behavior will be sent home WITH NO REFUND.

Because our day camp schedule is full of activities each day, we also expect campers to be dropped off and picked up on time.

### **First Aid**

For the health and safety of all campers, we request that campers with contagious diseases or conditions (including lice) not attend camp. Petaluma Day Camp has a "nit-free" lice policy.

### **Medication**

Any over-the-counter or prescribed medications must be in the original container, labeled with the child's name and sent to the Day Camp Nurse with written instructions on dosage and time to be administered. In certain cases, such as inhalers (which must be with the camper at all times) a note of necessity must be on file with the Day Camp Nurse. **Epi-pens will be kept in the Nurse's Station.**

Petaluma Day Camp welcomes girls of all abilities and needs. If your camper has special needs, please let us know immediately so that we can make appropriate accommodations. Please indicate any special needs on the Camper Information Sheet.

Because all of our campers have the opportunity to cook and will come in contact with many types of food during camp, food allergies are of special concern. If there are any food allergies that we need to know about please let us know as soon as possible and on the Camper Information Sheet and Health History form. While we will do our best to accommodate any special dietary needs, we are not able to provide a completely nut-free environment at camp.

## IMPORTANT CAMP INFORMATION (continued)

### **Transportation**

Transportation to and from camp the camp drop off location will be arranged by each individual girl and their family.

### **Carpooling**

Carpooling is strongly encouraged for drop-off and pick-up. We will need to have the appropriate forms completed to allow your child to be released to anyone other than their parent/guardian and will help you with this as camp approaches.

### **Weather**

Camp is held rain or shine. Campers will be spending the day in the outdoors so dress appropriately for the weather.

In the event of a major incident and the Camp Director deems it necessary to evacuate the camp to ensure the safety of the girls, we ask that your emergency contact be available during camp hours.

### **What and What Not To Bring**

A complete list will be given to you from your Unit Leader but here are the basics.

#### **Bring Each Day (all items should be labeled clearly with Camper's name):**

1. TOTE – A school bag or backpack
2. LUNCH & DRINK – a healthy lunch and drink is needed each day
3. WATER BOTTLE (recyclable!)
4. HAT – it will be sunny and warm out a hat is always a good idea
5. LAYERS - sweatshirt/jacket; extra shorts or long pants in backpack
6. CAMERA – disposable camera is perfect – use a sharpie and write campers name on it.

#### **Bring the First Day: Bring the First Day**

1. MESS KIT/DUNK BAG (which includes an unbreakable cup, plate, bowl and silverware in a mesh dish bag) **\*Only Fly-ups and Jr's.**
3. OTHER - other items as requested by individual unit leaders prior to camp. Your camper will be contacted by her unit leader and given any additional instructions needed for a successful week

#### **Label everything with your camper's name.**

Do NOT bring: Please NO cell phones, radios, iPods, electronics devices, expensive items, candy, gum or sugary snacks.

Cookouts: Each unit will do a cookout at least once during the week you and your camper will be contacted prior to camp and you will be given additional information about special things that your camper needs to bring to camp.

### **Day Camp Unit**

Day camp is a "Beyond-the-Troop Experience." Campers will be organized in to units of 8-12 girls based on their grade in the upcoming school year. Campers will receive a confirmation packet at least two weeks prior to Day Camp. You will receive a letter informing you of the following: unit number, unit leader(s) and any additional supplies requested by the unit leaders. Emergency phone numbers will also be included.

Girl Scouts of Northern California

## Petaluma Cay Camp

### Camper Registration Form (page 1 of 2)

**Please complete this form for each Camper (girls entering 7<sup>th</sup>-12th grade and Tags)**

**Program Fee:** Includes activities, crafts, all camp lunch on Friday, t-shirt, fun patch, unit photo and more!  
**Financial Aid available.**

Print clearly as possible in pen – especially names and contact information

CAMPER INFORMATION				
1. Program level of camper: <input type="checkbox"/> Girl Scout <input type="checkbox"/> TAG		<b>NOTE: The TAGs Program is only available to adults who volunteer 3+ full days at camp. Adult must be at present.</b>		
2. Camper's Last Name	3. Camper's First Name		4. Date of Birth	5. Grade in *Fall 2016*
6. Address			7. Troop #	8. Current School
9. City		10. Zip	11. Home Phone	
PARENT/GUARDIAN CONTACT INFORMATION				
12. Name of Mother/Guardian		13. Mom's Wk Ph	14. Mom's Home Ph	15. Mom's Cell Ph
16. Name of Father/Guardian		17. Dad's Wk Ph	18. Dad's Home Ph	19. Dad's Cell Ph
20. Parent's Email Contact				21. Volunteers Needed for Various Tasks, Can you help?
22. Emergency Contact, <u>other than Parents/Guardians</u>		23. Work Ph	24. Home Ph	25. Cell Ph
26. Day Camp T-Shirt Order (One free T-shirt included with Camper Registration Fee), <b>check size needed</b>				
<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				
27. <b>Extra T-shirt</b> (order an extra T-shirt for a mid-week change) <input type="checkbox"/> I would like to order additional T-shirts in the same size at a cost of \$10/shirt			28. Quantity	29. Amount Due for Extra T-shirt(s) \$
30. <b>Signature of Parent/Guardian</b> _____				31. Date _____
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____				
PAYMENT				
32. Fees Due: <input type="checkbox"/> Girl Scout: \$125 <input type="checkbox"/> TAGS: \$ Free(3-5 day volunteer)    CK# _____ <input type="checkbox"/> Extra T-shirt Ordered, money enclosed <input type="checkbox"/> Applied for financial aid, 20% deposit enclosed with registration				
32 a. Make checks payable to " <b>Petaluma Day Camp</b> ". 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. <i>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. 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.</i>				

Girl Scouts of Northern California  
**Petaluma Cay Camp**  
**Camper Registration Form (page 2 of 2)**

Please complete this form for each Camper (girls entering 7<sup>th</sup>-12th grade and Tags)

**THREE (3) AGREEMENTS**

**FAMILY SHARE COMMITMENT FAMILY SHARE COMMITMENT**

Petaluma Day Camp requires that EVERY family donate a minimum of TWO (2) hours of adult service to help make camp a reality. Your family will be contacted with a specific request to help (example include set-up, clean-up) \*If you volunteer at camp that will satisfy this request.

**YOU HAVE TWO OPTIONS, SELECT YES OR NO:**

Yes, we are happy to help. Sign us up! If you already have a preference for how you would like to help please indicate below , otherwise we will contact you with a few options when we need you:

\_\_\_ Set-Up (Sat/Sun before camp)

\_\_\_ Clean-Up (Fri/Sat after camp)

-or-

\_\_\_ No, we opt out of this commitment: **You have the option of opting out of this commitment for a \$30 fee (\$30 = \$15 per hour).** Petaluma Day Camp will use these funds to pay for the help with the set up/clean-up of camp. Ck#\_\_\_\_\_

**Parent/GuardianSignature:**\_\_\_\_\_

**PHOTO RELEASE:**

I hereby give permission for my child to be photographed or videotaped while participating in events at Petaluma Girl Scout Day Camp and I give Petaluma Girl Scout Day Camp permission to use or distribute such photographs or video for any reasonable purpose including advertising or promotion.

**Parent/Guardian Signature:**\_\_\_\_\_

**CAMPER/PARENT AGREEMENT CAMPER/PARENT AGREEMENT:**

I have carefully read the "IMPORTANT CAMP INFORMATION" document, and I agree to cooperate and comply in all these areas. I understand that violations in any of these areas may result in my dismissal from Petaluma Day Camp.

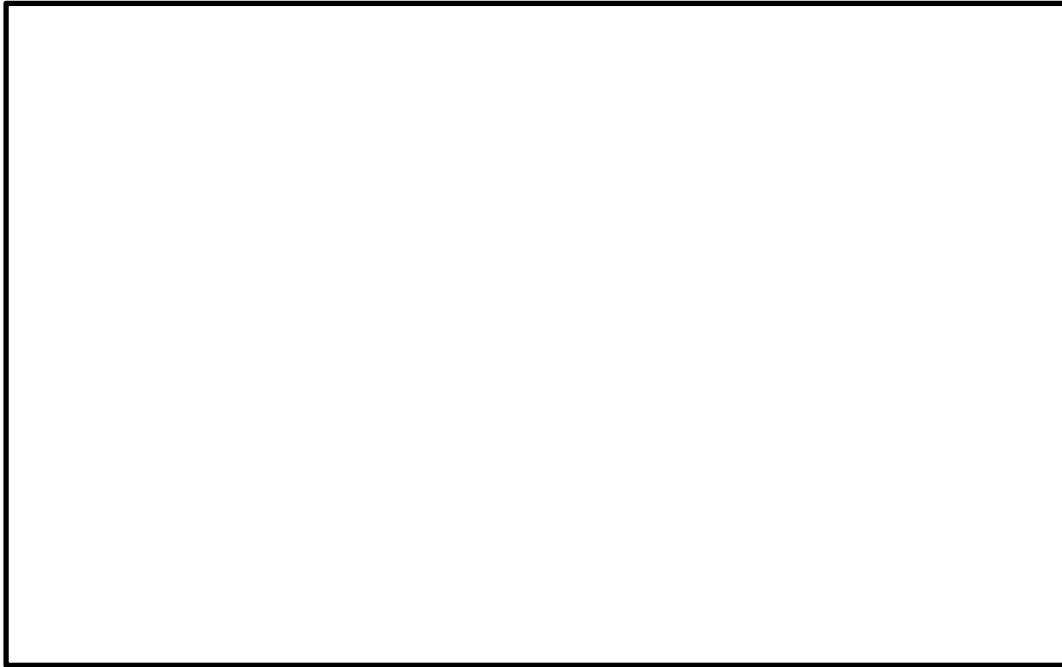
**Parent/Guardian Signature:**\_\_\_\_\_

**Camper Signature:**\_\_\_\_\_

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Camper Photo

Petaluma Day Camp requires that a photo (school, sport, digital print out) of your Scout be included with registration. You can staple it to this page. We will gladly accept any kind of photos as long as it is CURRENT and depicts a clear shot of the campers a clear shot of the camper's face.



**PARENT:** Complete and follow instructions for each member of your family attending.  
**CAMP:** B DL SR SP

## PART I: PARTICIPANT RECORD

Name - Last, First, Middle Initial	Birth Date - MM/DD/YYYY	Age	
Home Address	City/State/Zip		
Parent/Guardian Name	Day Time Telephone (    )	Evening Phone (    )	Cell Phone (    )
Parent/Guardian Name	Day Time Telephone (    )	Evening Phone (    )	Cell Phone (    )

## PART II: EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

Name	Day Time Telephone (    )	Evening Phone (    )
Home Address	City/State/Zip	Relationship

## PART III: HEALTH INSURANCE INFORMATION

Name of family PHYSICIAN: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address of family PHYSICIAN: \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Family Medical/Hospital INSURANCE CARRIER: \_\_\_\_\_ POLICY/GROUP NUMBER: \_\_\_\_\_

Do you have membership with a Health Maintenance Organization (HMO) such as Kaiser, Lifeguard, etc.?  Yes  No

If yes, what ID number do you use? \_\_\_\_\_ What is the HMO main phone number for emergencies? (    ) \_\_\_\_\_

## PART IV: ALLERGIES/ILLNESSES/INJURIES

**Allergic Reaction:** (Check those that apply and specify nature of allergic reaction)  Check here for no known allergies

<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/Poison Oak _____	<input type="checkbox"/> Other (specify) _____	

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

<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Heart Defect/Disease _____
<input type="checkbox"/> Musculoskeletal Disorder _____	<input type="checkbox"/> Bleeding/Clotting Disorders _____	<input type="checkbox"/> Ear Infection _____
<input type="checkbox"/> Hypertension _____	<input type="checkbox"/> Seizures/Convulsions _____	<input type="checkbox"/> Mononucleosis _____
<input type="checkbox"/> Skin Disease/MRSA _____	<input type="checkbox"/> Other (specify) _____	

**Childhood Diseases:** (Check those that apply and give appropriate dates)

<input type="checkbox"/> Chicken Pox _____	<input type="checkbox"/> Measles _____	<input type="checkbox"/> German Measles _____
<input type="checkbox"/> Mumps _____	<input type="checkbox"/> Other (specify) _____	

**Other Health Conditions:** (Check those that apply)

<input type="checkbox"/> Attention Deficit Disorder (ADD)	<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Wears Glasses/Contacts	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Emotional Disturbances	<input type="checkbox"/> Menstrual Cramps
<input type="checkbox"/> Sickle Cell Trait/Disease	<input type="checkbox"/> Special Dietary Regimen	<input type="checkbox"/> Dental Braces	<input type="checkbox"/> Fainting
<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Autism Spectrum

List any current physical, mental or psychological health conditions requiring medical treatment, special restrictions or considerations: \_\_\_\_\_

List any dietary restrictions or special considerations: \_\_\_\_\_

List any previous medical treatments, operations or serious injuries, provide dates: \_\_\_\_\_

## PART V: MEDICATION

Over-the-counter medicines will be used to treat routine illness per Treatment Protocols. (Acetaminophen is used in place of aspirin.) Please list any over-the-counter medicines you **DO NOT** want you or your child to receive: \_\_\_\_\_

Do you take any medications?  NO  YES  
If YES, list medication, dosage, and possible side effects.

MEDICATION	DOSAGE	POSSIBLE SIDE EFFECTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**PART VI: IMMUNIZATION HISTORY – REQUIRED** I am providing a list of all medical immunization with the health history form OR I attest that all immunizations for school are current.

Vaccines	Date: Month / Year	Date: Month /Year
Diphtheria, Tetanus and Pertussis- DTP, DTaP or any combination of DTP or DTaP with DT (tetanus and diphtheria)		
Tdap Booster		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles, Mumps, Rubella (MMR)		
Varicella		
Hepatitis B		
Tuberculin test given		
Other:		

List any condition that would limit full activity and in what way: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART VII: TREATMENT CONSENT**

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. I am in good health. I give permission for treatment for routine medical and/or first aid needs, as outlined in the Treatment Protocols and for the administration of prescribed medications. In the event I cannot be reached in an emergency, I give my permission to receive emergency medical and surgical treatment and to be hospitalized, if necessary. It is understood every effort will be made to contact me or the emergency contact noted above, before taking this action.

\*All medications being taken are listed on the front of this form.

\_\_\_\_\_  
**Signature of Parent / Guardian / Adult Participant** **Date**

**AUTHORIZATION FOR PICK UP:**

The following persons are authorized to pick-up my child from camp in the event that they need to be released without the adults attending the camp program. I understand that these people, including myself, will be asked to show identification to the staff member at checkout.

Name	Relationship	Phone Number
1.		
2.		
3.		
4.		
5.		