



2018 Day Camp Volunteer Position Request Form

Name / Date of Day Camp: _____

We are so excited you want to join us this summer! Please take a couple of minutes to share some information about yourself, so we can effectively communicate with you and determine the best match in assigning you a position in a unit. Complete current Girl Scout member registration and background check three weeks prior to camp. **Day Camp Director will be in contact with you regarding site specific information and training.**

This form should be turned in as soon as possible and preferably before **March 10th.**

Name of Volunteer	Address (Street, City, State, Zip)
Primary Phone / Cell <small>*Required</small>	Email Address

Grade Level Preference:

If registration shows a need, a boys unit and a preschool unit will be provided at most day camps for volunteers' small children who are potty trained.

If possible would you like your fee waiver girl to be in the same unit as yourself? YES / NO

Preschool	Boys K-5	Grades K-1	Grades 2-3	Grades 4-5	Grade 6 LiA	Grade 7 PA 1	Grades 8-12 PA 2 / APL

Please share any physical or health related restrictions here:

VOLUNTEER T-SHIRTS: Please indicate size below.

Volunteers receive one complimentary day camp t-shirt, if received prior to registration deadline.

Adult Small	Adult Medium	Adult Large	Adult XL	Adult 2X	Adult 3X

All girls, boys and preschoolers who are in camp for all or partial week must pay the registration fee, unless covered by a fee waiver. When they volunteer for the entire week, day camp volunteers are eligible for one fee waiver to be given to any girl-relative who is a currently registered Girl Scout.

Please complete a separate Day Camp Registration or Non-Camper Registration Form for each individual. *Their day camp registration forms MUST be turned in with this form or the fee waiver will not be honored.*

Fee Waiver Recipient Name	Grade	Relationship to you (If not immediate family, please explain)

Please submit your fee waiver recipient's registration form along with this form.

Return Forms to: customercare@gsOH.org, Fax to: (614) 487-8189

or mail to: Girl Scouts of Ohio's Heartland. Attn: Day Camp. 1700 Watermark Drive, Columbus, Ohio 43215



PLEASE PRINT IN BLUE/BLACK INK

Adult DAY CAMP HEALTH HISTORY FORM

Name of Adult _____ Name of Day Camp _____

Address _____

Emergency Contact's Name _____ Primary Phone () _____

HEALTH HISTORY

Health History (Please explain any specific needs or limitations) _____

Past medical treatment (if any) _____

Allergies and dietary restrictions (Specify allergic reaction and management) _____

Medications to be taken at camp (Prescribed or OTC - please include inhalers and Epi-pens) _____

Are all immunizations up to date? Yes () No () Please explain below. Date of last tetanus _____

Description of any current physical, or mental challenges requiring medication, treatment, or special restrictions or considerations while at camp. Being aware of these needs helps us to provide a safe and enjoyable experience for each individual. _____

Please provide any information that may be useful in relation to any of these health conditions. Also, indicate activities to be encouraged or restricted by physician, any special dietary needs, or reasons to medications listed above. _____

Are you covered by family medical/hospital insurance: Yes () No () If no, please explain below. _____

Authorization to permit medical treatment. By signing below, I hereby give permission to the Girl Scouts of Ohio's Heartland Council, Inc. (Girl Scouts), their employees, members, or volunteers to provide routine first aid and to supervise self-medication and seek medical assistance on behalf of myself in the event I am injured or ill, and I am unable to indicate my wishes regarding treatment. I understand that the Girl Scouts and its members, volunteers, or employees shall not be held responsible for the cost of treatment, and in fact are authorized to bind me as the financially responsible party for my medical treatment. I hereby grant permission to physicians and other licensed health care providers and their designees to administer medical care through injury or illness evaluation first aid care, and referral to duly licensed medical personnel when indicated. I authorize the release of all information to treatment providers, and will hold the Girl Scouts in no way responsible for the release of this information to any party.

Signature _____ Date _____

Please print name _____



Non-camper 2018 DAY CAMP REGISTRATION

PLEASE PRINT IN BLUE/BLACK INK

Use this form for all non-campers. Forms are preferred by **March 10, 2018**, but may be submitted after this date.

We are thrilled you are planning on joining us this summer to volunteer for day camp! If you have small children who are potty trained, but are not yet school age, or a boy (K-5), we may be able to assist with supporting care*. Please list the name(s) of each child below. Cost is \$25 for all preschoolers. Cost is \$25 for all boys at non-Ken-Jockey Camps and \$40 at Ken-Jockey Camps.

*Each camp director will determine if a preschooler and boy unit will be offered based on factors such as registration totals, volunteers, and space.

Name _____ Date of Day Camp _____

Please check this box if the address is the same for all children listed.

Non-camper Information

Child #1: Preschool Boy

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Parent/Caregiver _____

Date of birth _____ Age of child while at camp _____

Child #2: Preschool Boy

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Parent/Caregiver _____

Date of birth _____ Age of child while at camp _____

Please use another form for additional children.

Fees

Registration fee \$ 25 x _____ = _____

\$ 40 x _____ = _____

Total Due \$ = _____

Amount Due

MAKE CHECKS PAYABLE TO: Girl Scouts of Ohio's Heartland Council, Inc. OR complete below if you wish to charge your fee to Visa, MasterCard, Discover or American Express.

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

\$ _____

Amount _____ Account number (typically 16 digits)

Expiration date

Signature of card holder (required for credit card payments)

Date

Billing address

City

State

Zip

Return to:

Girl Scouts of Ohio's Heartland Council, Inc.

Attn: Day Camp

1700 WaterMark Drive

Columbus, OH 43215-1097

or: customercare@gsoh.org