

girl scouts
of virginia skyline

LIVE UNITED
United
Way
Partner Agency



Leadership Opportunities! Scholarships Available!

GREENE SUMMER CAMP

June 16–20, 2014

9 AM – 1 PM daily (optional overnight June 19th)

**Greene County Park
Stanardsville, VA**

girl scouts

what
will
YOU
do @
camp?

Sign Up Today!

Open to girls entering grades 1–5
Non-Girl Scouts welcome

GREENE SUMMER CAMP

Theme: Fun & Fit in the Forest

Come join us as we have fun and get fit in the forest at Greene County Park. We will be learning games/activities that will keep you fit for life.

Location

Greene County Park, Stanardsville, VA

Date & Time

June 16–20, 2014; 9 AM – 1 PM daily (with optional overnight Thurs.)

Overnight?

Thursday night is an optional overnight. There is no additional fee or registration for the overnight.

Campers' Ages

Girls entering grades 1–5 in the Fall 2014 school year may attend as campers.

Girls in grades 6 and up may serve as Camp Program Assistants and Counselors-in-Training. **Contact the camp director if you plan to serve in one of these leadership positions.**

Camp Leadership Programs

A mandatory training for all first year girl volunteers will be held on Sunday, June 15th from 1–7 PM.

Camp Program Assistant (CPA) (grades 6 and up)

This program is for girls who want to help younger campers. CPA's assist leaders in carrying out camp programs and activities. Space for this is very limited. Must submit CPA application, Summer Camp Registration (#2029) and Health History (#2072).

Counselor-in-Training (CIT) (grades 8 and up) Older girls may apply to be a CIT. They must complete a CIT application, Summer Camp Registration (#2029), Health History (#2072) and attend GSVSC's CIT training.

Adult volunteers are needed to staff camp. There is a reduced fee for volunteers' daughters. All staff members are required to attend a mandatory training on Sunday, June 15th at 5 PM.

All adults and girls in grades 6 and up wishing to volunteer should contact the camp director for details.

Cost

Fee includes a t-shirt for campers. Please indicate t-shirt size on the registration form.

\$70 Early Bird camp fee (received before May 1)

\$80 camp fee

\$30 Early Bird camp fee, CPAs/CITs (received before May 1)

\$40 camp fee, CPAs/CITs

\$10 late fee (registrations received after June 1)

\$15 Membership fee for non-Girl Scouts

Deadlines

Registration Opens: April 1, 2014

Early Bird Registration Closes: May 1, 2014

Registration Closes: June 1, 2014 (\$10 late fee after June 1)

Scholarship Deadline: June 1, 2014

Transportation

Parents/guardians are responsible for transportation to and from camp. Parents are encouraged to form carpools with other campers in the area or with their troop.

Registration

Send Summer Camp Registration (#2029), Health History (#2072), Summer Camp Overnight Permission, any other applicable forms listed below, and fee (checks payable to Greene Summer Camp) to:

Ruthie Scupp

167 Bambi Drive, Ruckersville, VA 22973

Camp Director

Pam Edelman, 434-466-4011 or pbedelman@comcast.net

Refund/Cancellation Policy

A refund, minus a \$10 administration fee, will be given if cancellation is received in writing at least two weeks prior to the start of camp.

**Additional camp forms available online at:
www.gsvsc.org/summer-camps-parents-info**

FORMS TO COMPLETE

- Summer Camp Registration
include t-shirt size (no extra fee)
- Health History
- Summer Camp Overnight Permission
- Camp Scholarship Application, *if needed*
- Medication Permission, *if applicable*
- Auto-Injectors or Inhaler Devices Permission, *if applicable*

FEEES TO INCLUDE WITH REGISTRATION

- \$30–\$80 camp fee (see "Cost" for exact amount)
- \$10 late fee (registrations received after June 1)
- \$15 Girl Scout membership registration, *if applicable*

SUMMER CAMP REGISTRATION

Type or print clearly using black or blue ink. Send the completed registration form to the camp registrar listed in the camp registration instructions. Be sure to also complete the health history form on the back.

Camper's name:		Camper's preferred name:	
Mailing address:			
City:		State:	Zip:
Home phone number: - -		E-mail address:	
Age:	Date of birth:	Current Grade (as of January 2014):	
Did you attend camp last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of camp attended:		Are you a current Girl Scout member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Troop/group number:		OR Individual member number:	
Parent/guardian name:		Day phone number: - -	
If there is someone who is not allowed to pick up your daughter from camp, please list the name(s) here:			
Additional information needed by adult leader about this participant(e.g., divorce in family, loss of pet):			

My daughter has my permission to attend the camp listed below and to participate in all phases of camp activity, including trips away from the camp. I am willing to have my daughter be registered as a Girl Scout member if she is not already one. I agree to comply with all camp procedures and requirements. I agree that pictures, videotapes, and audiotapes of my daughter created at camp may be used to promote the Girl Scout program. My daughter may receive emergency medical care if necessary.

Parent/guardian signature: _____ Date: _____

Name of camp you wish to attend:
Dates of camp you wish to attend:

CAMP FEES – Check all boxes that apply to the camp in which you wish to attend (not all apply to all camps) and fill in dollar amounts.

<input type="checkbox"/> Camp fee	\$	
<input type="checkbox"/> Overnight fee	\$	
<input type="checkbox"/> Bus fee	\$	
<input type="checkbox"/> T-shirt fee	\$	Check size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
<input type="checkbox"/> Girl Scout registration fee	\$ 15.00	(for girls NOT currently registered as Girl Scouts)
<input type="checkbox"/> Other fee	\$	
Total fee enclosed	\$	Please verify the total amount due to ensure accuracy of your fees!
<input type="checkbox"/> For Camp Program Assistant (CPA) <input type="checkbox"/> For Counselor-in-Training (CIT)		
Fee paid by: <input type="checkbox"/> Check (made payable to name of camp) <input type="checkbox"/> Money order <input type="checkbox"/> Credit card		
Credit card information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Account number:		Expiration date:
Security (CVV/CVC) code:		Charge amount: \$
Cardholder's name:		Cardholder's signature:
Cardholder's billing address:		
City:	State:	Zip:

Will you attend an optional overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Need bus transportation (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No	From which bus stop?
<input type="checkbox"/> Check here if parent/guardian is interested in volunteering. Name of parent/Guardian:	
Where did you hear about this camp? : <input type="checkbox"/> Flyer (where received?):	
<input type="checkbox"/> Ad (publication name): <input type="checkbox"/> Sky's the Limit <input type="checkbox"/> Facebook <input type="checkbox"/> GSVSC website <input type="checkbox"/> Referral	

FOR CAMP REGISTRAR'S USE ONLY		
Date processed:	Date deposited:	<input type="checkbox"/> Cash <input type="checkbox"/> Check(#) <input type="checkbox"/> Charge
Total camp fees: \$	Deposit paid: \$	Balance due: \$
<input type="checkbox"/> Scholarship: Amount granted: \$	Balance due: \$	Amount paid: \$
Date balance paid:		
<input type="checkbox"/> Staff child: <input type="checkbox"/> Girl Scout female <input type="checkbox"/> Non-Girl Scout female <input type="checkbox"/> Girl Scout male <input type="checkbox"/> Non-Girl Scout male		
<input type="checkbox"/> Camper did not attend		
Refund? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date refund issued:	Check number:	Amount: \$

GIRL/ADULT HEALTH HISTORY

For (girl/adult name):		Date of birth:	Present age:	
Address:		City:	State:	Zip:
Mother's/guardian's name:				
Day phone number: - -		Evening phone number: - -		
Father's/guardian's name:				
Day phone number: - -		Evening phone number: - -		
If parent/guardian cannot be reached in case of an emergency, please call (name):				
Day phone number: - -		Evening phone number: - -		
Relationship to participant:				
Name of physician:			Phone number: - -	
Name of dentist/orthodontist:			Phone number: - -	
Date of last health exam:		Were any complicating medical problems noted in exam? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:				
Is the participant currently under the care of a physician or psychologist? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, for what?				
Is the participant currently taking medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what and for what?				

Anyone who has a known complicating medical problem or who has had a serious illness or injury or an operation since the last health examination must submit a written statement from a physician giving permission to participate in any activity that normally requires an annual health history or health exam.

If Medical Exemption is requested (i.e. due to decision not to vaccinate), please skip to page 2 *Girl Scout Medical Exemption Application*

HEALTH HISTORY AND INOCULATION RECORD (Please check and include dates where appropriate.)

This information is mandatory for children and adults.

Chronic or Recurring Illnesses (check those that apply):		Other Health Conditions (check those that apply):	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Musculoskeletal disorders	<input type="checkbox"/> ADHD	<input type="checkbox"/> Motion sickness
<input type="checkbox"/> Bleeding/clotting disorders	<input type="checkbox"/> Seizures	<input type="checkbox"/> Bedwetting/Sleep disturbances	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Constipation	<input type="checkbox"/> Sickle cell trait or disease
<input type="checkbox"/> Ear infection		<input type="checkbox"/> Emotional disturbances	<input type="checkbox"/> Special dietary regimen
<input type="checkbox"/> Heart defect/disease		<input type="checkbox"/> Fainting	<input type="checkbox"/> Wears glasses/contact lenses
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Kidney disease		<input type="checkbox"/> Menstrual cramps	
Allergies (check those that apply and specify nature of allergic reaction):			
<input type="checkbox"/> Animals:		<input type="checkbox"/> Medicines/drugs:	
<input type="checkbox"/> Food:		<input type="checkbox"/> Plants:	
<input type="checkbox"/> Hay fever:		<input type="checkbox"/> Pollen:	
<input type="checkbox"/> Insect stings:		<input type="checkbox"/> Other (specify):	

This information is mandatory for children only.

Please complete the table below with dates or attach a Physician Record, unless a Medical Exemption Application is being filed.

Immunization History	Years Primary Series Complete	Year of Last Booster
D.T.P./DTaP		
Td		
MMR (measles/mumps/rubella)		
Chicken pox vaccine (varicella)		
Polio vaccine		
Hib		
Hepatitis B		
Tuberculin test (most recent)		

Are there any physical conditions for which special arrangements need to be made? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what?
Additional information needed by adult leader about this participant:

_____ is physically fit and able to participate in the Girl Scout programs, including summer camp and trips of not more than two nights. I give permission to the physician to order x-rays, routine tests, and treatment for the health of my child in the event that I cannot be reached in an emergency. To the best of my knowledge, the above information is complete and accurate. I agree that videotapes, photographs, and motion picture film in which I/she appear, and/or audio recordings made of my/her voice may be used by Girl Scouts of Virginia Skyline Council and Girl Scouts of the USA, their assigns or successors, in whatever way they desire. Furthermore, I hereby consent that such photographs, films, recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatever on my part.

Name of Girl: _____ may be given acetaminophen (such as Tylenol). Yes No

Signature of parent/guardian or adult participant: _____ Date: _____

IMPORTANT: SIGNATURE REQUIRED!