

# South Kitsap Day Camp

July 15–19, 2024 | 9:00 AM–3:00 PM

**Come join us at South Kitsap Day Camp for a fun week! The theme this year is “Welcome to the Jungle.”**

We are a volunteer-run day camp located at the beautiful Manchester State Park, dedicated to providing a safe, fun-filled week where your child can grow in confidence, explore new skills, make new friends, and learn about the fun of Girl Scouting. Each day our campers sing songs, play games, make crafts, and learn from special guests throughout the week!

**Campers: \$130** (entering grades 1–6\*)

**Certified Program Aides: \$75** (entering grades 9–12\*)

**Program Aides in Training: \$140** (entering grades 7–12)

\*Indicates grade child is entering in fall

**Early Bird Registration if registered before May 24.**

After May 24, please add \$10.

**Registration CLOSES Saturday, June 14!**  
*No late registrations will be accepted!*

Please mail your registration form and payment to:

South Kitsap Day Camp  
3084 SE Summer Place  
Port Orchard WA 98366

(Checks payable to SK Day Camp)

As a camp, we are no longer able to register your camper as a Girl Scout. You must register as a member of Girl Scouts of Western Washington prior to sending us your SK Day Camp registration.



# Girl Scouts of Western Washington Volunteer-Led Day Camp Registration

CAMPER'S NAME \_\_\_\_\_

Please indicate type of camper:  Girl Scout K-12  Program Aide  Adult Volunteer  Boy (volunteer's son)  Volunteer's preschooler

Name of Day/Twilight Camp : South Kitsap Day Camp *send registration form and payment:*

**3084 SE Summer Place, Port Orchard, WA 98366 (Checks Payable to SK Day Camp)**

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ First year at this camp:  yes  no

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School Grade (entering in Fall) \_\_\_\_\_

Camper T-shirt Size: (circle one) **Youth:** S M L **Adult:** S M L XL XXL XXXL

Emergency contact(s) should we be unable to reach parent/guardian:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Are there any special needs we should consider when placing your child in a camp unit? (e.g. severe allergies or other health or behavioral related concerns) \_\_\_\_\_

Please contact me about volunteering at camp!

### GIRL SCOUT MEMBERSHIP:

Girl Scouts of Western Washington requires that all of our campers are currently registered members of Girl Scouts. Camper is currently a registered Girl Scout - Troop Number \_\_\_\_\_ Service Unit Number \_\_\_\_\_

### PAYMENT INFORMATION

Check or money order enclosed: Amount \$ \_\_\_\_\_ **Total Payment:** \$ \_\_\_\_\_

Cookie Rewards: Amount \$ \_\_\_\_\_ Cookie Rewards Card # \_\_\_\_\_ Cookie Dough Exp Date: \_\_\_\_\_ CCV # \_\_\_\_\_

Financial Assistance – contact [FinancialAssistance@girlscoutsww.org](mailto:FinancialAssistance@girlscoutsww.org)

### FINANCIAL ASSISTANCE

Girl Scouts of Western Washington provides financial assistance as needed to support members to attend programs. All financial assistance applications must be received in our DuPont office **no later than 30 days before the first day of camp**. Questions about financial assistance should be directed to [FinancialAssistance@girlscoutsww.org](mailto:FinancialAssistance@girlscoutsww.org).

### CONSENT OF PARENT/GUARDIAN

As parent/guardian having legal custody of the camper named above, who is voluntarily enrolled as a participant in the Girl Scouts of Western Washington Community Day/Twilight Camp program, I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for her to attend camp and participate in all phases of the program including off-site activities and related transportation.

I understand that her good health is required before she can attend camp. As the parent/guardian of the above child, I give permission for the above child to be photographed and/or audio/video taped during this event and for the images/recordings to be published, reproduced or distributed by Girl Scouts and its affiliates in all outlets, including but not limited to television, newspapers, internet, council publications, recruitment materials and ads without liability or limitation or claims on my or my minor's part. I have read the statements above. I understand the information and agree to allow my daughter/ward to participate in camp.

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian  
Signature

**Remember to complete and sign the health history and camper pick up**

**Girl Scouts of Western Washington  
Girl or Adult Health History Record**

This health history is to be completed by a parent/guardian on behalf of youth members or by adult members for themselves.

Name ( youth  adult): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Troop No. \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Day phone ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Eve Phone ( ) \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Dr. Phone ( ) \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Part 1: Illnesses & injuries (check those that apply & give approximate dates)**  
 Chronic or Recurring Illness:  
 Ear infection    Bleeding/clotting disorders    Hypertension    Asthma    Heart defect/disease  
 Musculoskeletal disorders    Seizures    Diabetes    Other \_\_\_\_\_  
 Date of last health examination: \_\_\_\_\_ Is participant under a doctor/psychologist's care now?    Yes    No  
 Were any complicating medical problems noted in the last health exam?    Yes    No  
 Since last health exam, has participant had:  
 A serious injury requiring medical attention?    Yes    No      An illness lasting more than five days?    Yes    No  
 Any prescribed or over the counter medications?    Yes    No      A surgical procedure or fracture?    Yes    No  
 Treatment in a hospital or emergency room?    Yes    No      Any exposure to a contagious disease?    Yes    No  
 Any restrictions concerning physical activity?    Yes    No  
**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN, INCLUDING DATES:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part 2: Allergies (Check those that apply & specify nature of allergic reaction)**  
 Animals \_\_\_\_\_    Hay fever \_\_\_\_\_  
 Pollen \_\_\_\_\_    Food \_\_\_\_\_  
 Meds/drugs \_\_\_\_\_    Insect stings \_\_\_\_\_  
 Plants \_\_\_\_\_    Other(specify) \_\_\_\_\_  
**Part 3: Other health conditions (Check those that apply)**  
 Bedwetting    Emotional disturbances  
 Constipation    Fainting  
 Menstrual cramps    Hearing impairment  
 Motion sickness    Sickle cell trait or disease  
 Nosebleeds    Special diet regime  
 Sleep disturbances    Wear glasses or contact lens  
 Other (Please specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part 4: Immunization history:**

Immunization	Year primary series completed	Year of the last booster
D.P.T.	_____	_____
Diphtheria	_____	_____
Pertussis (whooping cough)	_____	_____
Tetanus	_____	_____
Tetanus/Dip booster	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
(German Measles)	_____	_____
Oral Polio	_____	_____
Tuberculin test (most recent)	_____	_____
Other:	_____	

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to ANY of these health conditions. Indicate any activities to be encouraged or restricted, and include any dietary restrictions.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Parents:** I know of no reason (s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted.  
**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**For adults:** This health history is correct and I am able to participate in all prescribed activities except as noted.  
**Signature of adult:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Camper Release for Check-out

In Girl Scouting, the health and safety of your camper is our most important concern. For this reason, we ask that you complete the form below and read the information that follows very carefully. This procedure was implemented to ensure the safety of all campers at day camp.

Please provide us with the following information about who will be picking up your camper from day camp. Campers will only be released to adults listed on this *Camper Release for Check-out*. The adult listed on this form must show PHOTO IDENTIFICATION and will be required to sign for the camper they are picking up. For your camper's safety, there will be no exceptions. **All changes must be made in writing to the Camp Director with the parent/guardian's signature.**

**Check all that apply:**

I will pick up my camper from camp.

Please print your name: \_\_\_\_\_

My camper can be released to:

Please print name(s): \_\_\_\_\_

Is there anyone who is not permitted to pick up your camper?

Please print name(s): \_\_\_\_\_

Please inform the people listed above that they will be required to show photo identification at pick up location, and sign for your camper before she will be released.

**Campers will not be released to anyone who:**

- 1. Is not listed on this form.
- 2. Does not have photo identification.

**Daily Parent Release Signature** (for use during camp).

Parent/Guardian Name (please print): \_\_\_\_\_

Parents/Guardian's signature: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ cell phone (\_\_\_\_\_) \_\_\_\_\_

**CAMPER'S NAME** (please print). \_\_\_\_\_

Day 1 _____	Day 4 _____
Day 2 _____	Day 5 _____
Day 3 _____	

Unit _____	Camper _____
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