

South Kitsap Day Camp

July 10-14, 2023 | 9PM – 3AM

Come join us at South Kitsap Day Camp for a fun week of being together again! Theme this year TBD.

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 21.

After May 21, please add \$10.

Registration CLOSES Saturday, June 10!
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.

*For children of volunteers: Girl Scouts: \$75 • Boys: \$75 • Preschoolers: \$75
Volunteers will need to purchase a discover pass.*

We will follow all Girl Scout precautions for COVID Protocols. The bathrooms at camp will be cleaned and disinfected regularly by the park staff. We are not requiring masks to be worn (at this time) as we will be outside, if your scout would like to wear one that is totally acceptable and welcomed.

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@girlscoutswa.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@girlscoutswa.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 (<input type="checkbox"/> youth <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | An illness lasting more than five days? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any prescribed or over the counter medications? | <input type="checkbox"/> Yes <input type="checkbox"/> No | A surgical procedure or fracture? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Treatment in a hospital or emergency room? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any exposure to a contagious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any restrictions concerning physical activity? | <input type="checkbox"/> Yes <input type="checkbox"/> 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)

- | | |
|---|---|
| <input type="checkbox"/> Animals _____ | <input type="checkbox"/> Hay fever _____ |
| <input type="checkbox"/> Pollen _____ | <input type="checkbox"/> Food _____ |
| <input type="checkbox"/> Meds/drugs _____ | <input type="checkbox"/> Insect stings _____ |
| <input type="checkbox"/> Plants _____ | <input type="checkbox"/> Other(specify) _____ |

Part 3: Other health conditions (Check those that apply)

- | | |
|---|---|
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Emotional disturbances |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Menstrual cramps | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Sickle cell trait or disease |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Special diet regime |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Wear glasses or contact lens |
| <input type="checkbox"/> 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). _____

Camper _____
Unit _____

Day 1 _____ Day 4 _____

Day 2 _____ Day 5 _____

Day 3 _____