



SOUTH KITSAP DAY CAMP

DIGGING THROUGH THE PAST

girl scouts
of western washington

JULY 14-18 2025
9:00AM-3:00PM

We are a volunteer-run day camp located at the beautiful Manchester State Park, dedicated to providing a safe, fun-filled week where your girl 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 through the week!



Games



Flag Ceremony



Special Guest Zumba

Early Bird Registration before May 23, 2025

Campers: \$130 entering grades 1st-6th*

Program Aides in Training: \$140 entering grades 7th-12th*

Certified Program Aides: \$75 entering grades 8th-12th*

**indicates grade child is entering in the fall 2025*

After May 23, 2025 please add \$10

Checks Payable to SK Day Camp

*All campers must be registered with GSWW **PRIOR** to sending in registration.*

No registration will be accepted after June 14, 2025

Registration & Payment mailed to:

South Kitsap Day Camp

3084 SE Summer Pl. Port Orchard, WA. 98366

Questions email: 314daycamp@gmail.com



SOUTH KITSAP DAY CAMP REGISTRATION

Admin Use Only

Unit # _____

Payment

- ☐ Check ☐ Cash
☐ Program Credit \$ _____
☐ Financial Aide
☐ Live Registration Form

Camper's Name: _____

Please indicate type of camper:

- ☐ Girl Scout K-12
☐ Program Aide In Training 7-12
☐ Program Aide 8-12
☐ Adult Volunteer
☐ Volunteer's Non-Scout (under 12 yrs old)

Date of Birth: _____

This is her first year at this camp: ☐ Yes ☐ No

Age: _____ School Grade (Entering in Fall): _____

Parent/Guardian: _____

Email: _____

Contact Phone: _____

Work Phone: _____

Name of person other than parent/guardian to notify in case
of an emergency should we be unable to reach you:

Name: _____ Phone: _____ Relationship: _____

T-Shirt Size: My camper wears size (circle one) Youth: S M L Adult: S M L XL XXL XXXL

☐ Please contact me about volunteering at camp!

GIRL SCOUT MEMEBERSHIP

Girl Scouts of Western Washington requires that
all campers are currently registered members of Girl Scouts.

My camper is currently a registered Girl Scout in Troop #: _____

PAYMENT INFORMATION

☐ Check or Money order enclosed: Amount: \$ _____ Total Payment: \$ _____

☐ Program Credit (Previously called Cookie Dough): Amount \$ _____

Program Credit Card #: _____

Program Credit Expire Date: _____ CCV #: _____

☐ Financial Assistance- Contact FinancialAssistance@GirlScoutsWW.org

Mail Registration Forms & Payment (Checks payable to SK Day Camp) to
3084 SE Summer Place Port Orchard, WA. 98366

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 no later than 45 days before the first day of camp. Questions about financial assistance should be directed to financialassistance@girlscoutww.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 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 Girls 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 me or my minor's part. I have read the statements above. I understand the information and agree to allow my girl Scout to participate in camp.

X _____
Parent/Guardian Signature

Date

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

This health history is to be completed & signed by parent/ guardian of girls or by adult members for themselves.

Name (<input type="checkbox"/> girl <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 daughter 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 form*. 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:

Type Here

☐ 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)

Day 1 _____	Day 5 _____
Day 2 _____	Day 6 _____
Day 3 _____	Day 7 _____
Day 4 _____	Day 8 _____

Parent/Guardian Name (please print): _____

Parents/Guardian's signature: _____

Day Phone: (____) _____ cell phone (____) _____

CAMPER'S NAME (please print). _____

Camper
Unit