



Back to Basics Day Camp

Are you anxious to learn the basic Girl Scout skills? Want to go back to the Juliette Low days, back to the basics? Then this camp is for you! Join us for a week of learning the foundational skills that started Girl Scouts back in 1912 getting back to basics in scouting - we will be making swaps, fire building, lanyards, spruce up your sewing, and more! The week will end with a sleepover for Juniors and Cadettes.

Who: Girls entering grade 1 through grade 7

When: July 8-12, 2019 – 9am-3pm

Where: Community United Methodist Church, 1875 Fairfield Ave., Fairfield

Minimum: 40 girls

Maximum: 100 girls

Cost: \$100 (\$140 for girls not registered as Girl Scouts)

Registration Information – Please read this before completing the forms

PLEASE PRINT ALL FORMS SINGLE-SIDED

1. Complete a separate **REGISTRATION FORM (3 pages)**, **HEALTH HISTORY (2 pages)**, and **AUTHORIZATION FOR PICK UP (1 page)** for each girl. Photocopies are acceptable as long as all parent/guardian signatures are in ink. **INCOMPLETE FORMS WILL BE RETURNED TO YOU.**
2. Girls must register in the program level that they will be entering in the Fall of 2019 - Daisy, entering grade 1; Brownie, entering grades 2-3; Junior, entering grades 4-5; Cadette, entering grades 6-7.
3. Girls will be notified by the event registrar by email if they are accepted or put on a waiting list. If you do not receive an email within two weeks from the time you mailed/submitted your forms, contact Vanessa Hobbs – do not assume you are registered.
4. Full payment is required at time of registration or before June 1st, 2019.
 - **Payment may be a combination of Cookie/Fall Sale Credit, Camp Staff Credit, Campership Funds (financial assistance) and/or check.**
 - **Cookie/Fall Sale Credit may be applied toward camp fees. Cookie/Fall Sale Credit is non-transferable. Indicate on the registration form the amount to be applied toward summer program fees, and please include a copy of the card and printout of the remaining balance. Cookie/Fall Sale Credit is treated as cash and must accompany camp registration.**
 - **Any girl can attend Girl Scout Camp. Applicants who are not Girl Scouts must pay an additional \$25.00 GSUSA membership registration fee and \$15.00 Girl Scouts of Northern California program fee for the first camp she attends (membership is valid through September 30, 2019).**
 - **Make all checks payable to: Twin Sisters Service Unit**
 - **DO NOT SEND CASH.**
5. To apply for financial assistance for your daughter, complete the Request for Financial Assistance form. Be sure to follow the directions on the form. MAIL IT TO GIRL SCOUTS NORTHERN CALIFORNIA AS SHOWN AT THE BOTTOM OF THE FORM.
6. Mail **ALL COMPLETED CAMP FORMS LISTED IN 1, ABOVE** and **PAYMENT** to: Vanessa Hobbs, 460 Salisbury Circle, Vacaville, CA 95687. **REGISTRATION CLOSES ON JUNE 1, 2019 OR AS SOON AS WE HAVE REACHED CAMP CAPACITY.**
7. **All girls (even if parent/guardian is a camp volunteer) must register by the registration deadline.**
8. A confirmation email will be sent to campers upon acceptance of their application; additional information will be emailed approximately 2 weeks prior to camp.
9. ***Cancellations, Refunds and Transfers*** – To accommodate girls on the waiting lists, please notify Vanessa Hobbs immediately of cancellations at vhobbsgnc@gmail.com. The fee is refundable only when cancellation is received in writing two days prior to the camp registration deadline. **THERE IS A \$3.00 NON-REFUNDABLE PROCESSING FEE FOR ALL CANCELLATIONS.**

General Camp Equipment

- ✓ **Request for Medication**
- ✓ **Sack lunch and drink (daily)**
- ✓ **Water Bottle filled with fresh water (daily)**
- ✓ Backpack or small tote bag (be sure to put girl's name on everything), plus a sit-upon
- ✓ Comfortable clothes (layered)
- ✓ Sturdy **closed-toed shoes** and socks (no sandals, flip-flops, or slip-on shoes)
- ✓ Bandana or scrunchie to hold hair back



**Registration
Back to Basics Day Camp
July 8-12, 2019**

*Complete fully and mail with payment (\$100 registered Scouts, \$140 non-Scouts) to:
Vanessa Hobbs * 460 Salisbury Circle * Vacaville, CA 95687
MAKE CHECKS PAYABLE TO "TWIN SISTERS SERVICE UNIT"*

Registration opens March 1, 2019

Camper Name:

Last: _____ First: _____ M.I. _____

Troop # _____ **Leader** _____

In the Fall will be: Daisy _____ Brownie _____ Junior _____ Cadette _____
Not currently a registered scout _____

Birth Date: _____ Age: _____ Grade & School Fall 2019 _____

Special Needs/Conditions that might limit full participation:

This registrant has permission to participate in this camp.

Signature of Parent/Guardian & Date: _____

Parent/Guardian Email Address: _____
****Required****This is how we will reach you to confirm your registration

Camper's Address:

Number & Street: _____ City & Zip: _____

Parent/Guardian 1: _____

Mailing Address _____

Emergency Phone #: _____ Evening Phone #: _____

Parent/Guardian 2: _____

Mailing Address: _____

Emergency Phone #: _____ Evening Phone #: _____

Parent/Guardian Volunteering:

Name: _____ Full-time _____ Part-time _____

Media Permission

When participating in Girl Scout activities I may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Councils or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA.

- I wish to opt out at this time

The Girl Scout Law

I will do my best to be honest and fair, friendly and helpful, considerate and caring, courageous and strong and responsible for what I say and do and to respect myself and others, respect authority, use resources wisely, make the world a better place and be a sister to every Girl Scout.

The Girl Scout Promise

On my honor, I will try:

To serve God and my country,

To help people at all times,

And to live by the Girl Scout Law.

[When making the GS Promise, individual members may substitute wording appropriate to their own spiritual beliefs for the word "God."]

I/We acknowledge that the registrant will accept and abide by the Girl Scout Promise and Law. The registrant has permission to join Girl Scouts.

Signature of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____

Date _____

Girl Scouts of Northern California has a great mission to accomplish: building girls of courage, confidence and character who make the world a better place. We also have a long standing commitment to diversity and inclusion. In everything we do we strive to serve girls that reflect the diversity of our communities because we want every girl, no matter who they are or where they live, to benefit from a Girl Scout experience. What better way to know what we are doing our job than to ask our members about their demographics. This is why we need your help! We are hoping to update your registration to reflect the correct information. Please review and check below what applies to you. This information is for statistical purposes only. Please check the appropriate box. (Mark all that apply)

Custodial care:

- Both parents
 - Mother/Guardian only
 - Father/Guardian only
 - Other
- _____

She is: (Check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Other (please specify) _____
- I choose not to share at this time

She is Hispanic or Latina:

- Yes
- No
- I choose not to share at this time

T-Shirt Order

To ensure your camper receives the appropriate size T-shirt at camp, registration must be received by June 1, 2019. Additional T-shirts **may** be available at camp for registrations received after June 1 but not all sizes can be guaranteed. Please check the appropriate size.

Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL

Payment

I am signing my daughter up for Back to Basics Day Camp Dates: July 8 – July 12, 2019

Cost of Program \$100.00

Non-member, add \$40.00 \$ _____

Total Program Cost \$ _____

I am applying the following monies/credits:

Cookie/Fall Sale Credit \$ _____ CARD NUMBER (REQUIRED) _____

Campership \$ _____

Camp Staff Credit \$ _____

Total Monies/Credits \$ _____

Amount Enclosed \$ _____

Questions? Contact Laura Odneal, Acting Camp Director, at twinsistersdaycamp@gmail.com



Girl Health History Record

THE AMERICAN GIRLS TAKE CENTER STAGE DAY CAMP

SUBMIT WITH REGISTRATION FORM

PART I: PARTICIPANT RECORD

Name - Last, First, Middle Initial		Birth Date - MM/DD/YYYY	Age
Home Address		City/State/Zip	
Parent/Guardian Name	Day Time Telephone () () ()	Evening Phone () () ()	Cell Phone () () ()
Parent/Guardian Name	Day Time Telephone () () ()	Evening Phone () () ()	Cell Phone () () ()

PART II: EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

Name	Day Time Telephone () () ()	Evening Phone () () ()
Home Address	City/State/Zip	Relationship to Girl

PART III: HEALTH INSURANCE INFORMATION

Name of family PHYSICIAN: Telephone: () () ()

Address of family PHYSICIAN: City / State / Zip

Family Medical/Hospital INSURANCE CARRIER: POLICY/GROUP NUMBER:

Do you have membership with a Health Maintenance Organization (HMO) such as Kaiser, Lifeguard, etc.? Yes No

If yes, what ID number do you use? What is the HMO main phone number for emergencies? () () ()

PART IV: ALLERGIES/ILLNESSES/INJURIES

Allergic Reaction: (Check those that apply and specify nature of allergic reaction) **Check here for no known allergies**

<input type="checkbox"/> Animals	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Medicines/Drugs
<input type="checkbox"/> Pollen	<input type="checkbox"/> Food	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Plants/Poison Oak	<input type="checkbox"/> Other (specify)	

Chronic or Recurring Illnesses: (Check those that apply and give appropriate dates)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Defect/Disease
<input type="checkbox"/> Musculoskeletal Disorder	<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Ear Infection
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures/Convulsions	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Skin Disease/MRSA	<input type="checkbox"/> Other (specify)	

Childhood Diseases: (Check those that apply and give appropriate dates)

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles	<input type="checkbox"/> German Measles
<input type="checkbox"/> Mumps	<input type="checkbox"/> Other (specify)	

Other Health Conditions: (Check those that apply)

<input type="checkbox"/> Attention Deficit Disorder (ADD)	<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Wears Glasses/Contacts	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Emotional Disturbances	<input type="checkbox"/> Menstrual Cramps
<input type="checkbox"/> Sickle Cell Trait/Disease	<input type="checkbox"/> Special Dietary Regimen	<input type="checkbox"/> Dental Braces	<input type="checkbox"/> Fainting
<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Autism Spectrum

List any current physical, mental or psychological health conditions requiring medical treatment, special restrictions or considerations:

List any dietary restrictions or special considerations:

List any previous medical treatments, operations or serious injuries, provide dates:

PART V: MEDICATION

Over-the-counter medicines will be used to treat routine illness per Treatment Protocols. (Acetaminophen is used in place of aspirin.) Please list any over-the-counter medicines you **DO NOT** want you or your child to receive:

Does she take any medications? NO YES
 If YES, list medication, dosage, and possible side effects.
 MEDICATION DOSAGE POSSIBLE SIDE EFFECTS

NOTE: We cannot administer medication that is not in its original container, labeled by the pharmacy with the name, address, dosage and frequency. Please label with name and dosage any over-the-counter drugs - anti-histamines, vitamins, etc.

PART VI: IMMUNIZATION HISTORY – REQUIRED I am providing a list of all medical immunization with the health history form OR I attest that all immunizations for school are current.

Vaccines	Date: Month / Year	Date: Month / Year
Diphtheria, Tetanus and Pertussis- DTP, DTaP or any combination of DTP or DTaP with DT (tetanus and diphtheria)		
Tdap Booster		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles, Mumps, Rubella (MMR)		
Varicella		
Hepatitis B		
Tuberculin test given		
Other:		

List any condition that would limit full activity and in what way:

Additional comments:

PART VII: TREATMENT CONSENT

This health history is correct as far as I know, and my daughter has permission to engage in all prescribed activities, except as noted by me and the physician. My daughter is in good health. I give permission for my daughter to receive treatment for routine medical and/or first aid needs, as outlined in the Treatment Protocols and for the administration of prescribed medications. In the event I cannot be reached in an

emergency, I give my permission for my daughter (state her name) _____ to receive emergency medical and surgical treatment and to be hospitalized, if necessary. It is understood every effort will be made to contact me or the emergency contact noted above, before taking this action.

*All medications being taken are listed on the front of this form.

Signature of Parent / Guardian

Date

AUTHORIZATION FOR PICK UP:

GIRL'S NAME: _____

The following persons are authorized to pick-up my child from camp in the event that they need to be released without the adults attending the camp program. I understand that these people, including myself, will be asked to show identification to the staff member at checkout.

PLEASE INCLUDE YOURSELF ON THIS FORM, IF YOU WILL BE PICKING UP YOUR CHILD.

Name Number	Relationship	Phone
1.		
2.		
3.		
4.		
5.		

PARENT'S/GUARDIAN'S NAME: _____

SIGNATURE: _____ **DATE:** _____

FOR USE AT CAMP:

Date	Sign In	Sign Out
7/8/19	_____	_____
7/9/19	_____	_____
7/10/19	_____	_____
7/11/19	_____	_____
7/12/19	_____	_____