



Sidie Hollow Day Camp



June 13-17, 2022 Registration Form

Enrollment Deadline: May 27, 2022

After this deadline contact Charlene Hamilton, Camp Director

Please type or print.

**Camp Fee: \$35.00 for Registered Girl Scout
\$35 + registration fee for Non-registered girl (call
1-800-236-2710 to register).
\$25 for Aides**

Name: _____
Address: _____
City, State, Zip: _____
Birthdate: _____ **Age:** _____
Parent's Email: _____
Grade in Fall 2022: _____
Troop #: _____ **Troop Leader:** _____
Town you meet: _____
Parent/Guardian: _____
Phone: _____
Mom's Work: _____
Dad's Work: _____

Two emergency contacts other than parents

Name: _____
Relationship: _____
Phone: _____

Name: _____
Relationship: _____

Phone: _____

I give permission for my child to participate in all phases of the program, and out-of-camp travel when it is part of the program. I authorize the Adult in charge to take action deemed necessary for the best interest of my child. I give permission for my child to be photographed and pictures released for Girl Scout public relations purposes.

Parent Signature: _____ Date: _____

Day Camp Volunteer Information

For adults

Name: _____
Address: _____
Phone: _____
Email: _____

Emergency Contact:

Name: _____
Phone: _____

Do you want your daughter in your unit?

Yes /No

Daughter's Name: _____

Available:

All Wednesday
Monday Thursday
Tuesday Friday

Position Requested:

Unit Leader (adult)
Unit Co-leader (adult)
Arts/ Crafts/Nature
Speaker:Topic _____ Outdoor Skills
Other _____

Tagalongs – (Children you will be bringing with you)

Name: _____ **Age:** ____ Boy/Girl

Name: _____ **Age:** ____ Boy/Girl

T-shirts are included in the price. If an adult volunteer wants to order a t-shirt the price is \$8.00

Please Circle sizes needed

YOUTH: S M L

ADULT: S M L XL XXL

Camp Fee (\$35.00) _____

Aide Fee \$25: _____

Volunteer t-shirt \$8.00(each): _____

Total Amount Due: \$ _____

Badgerland Bucks: \$ _____

Balanced Enclosed: \$ _____

Health History

The following information must be filled in by the Parent/Guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival to camp. Provide complete information so that the camp can be aware of your needs. Attach additional pages if needed.

Camper Name: _____

ALLERGIES: List all known

Medication allergies (list). Describe reaction and management of the reaction.

Food allergies (list). Describe reaction and management of the reaction.

Other allergies (list). Include insect stings, hay fever, asthma, animal dander, etc.

RESTRICTIONS: The following restrictions apply to this individual.

Dietary:

Is there anything we need to know about your daughter?

ACTIVITY: Explain any restrictions to activity (ie: what cannot be done, what adaptations or limitations are necessary, etc.)

SIGNATURE:

Parent/Guardian _____ Date ____/____/____

- Does not eat red meat
- Does not eat pork
- Does not eat dairy products
- Other (describe) _____

Please list ALL medications (including over-the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescribing drug), the name of the medication, the dosage, and the frequency of administration.

- Camper takes NO medication at camp.
- Camper takes medication as follows:

Medication _____
Dosage _____ Specific times taken each day _____
Dosage _____ Specific times taken each day _____