

Sailing the Seven Seas

July 12 - 16, 2010

Camp Torqua **Edwardsville, IL**

Sponsored by: Service Unit 111

Time: 9:00 am - 3:30 pm

Grade: 1st - 7th

*7th grade will be in Program
Aide Training Unit - see below*

Girl Scout Fee:

\$55

Non Girl Scout Fee: add \$12 to the above fee

Tag Unit: \$5 per tag, per day

for younger children of staff; must bring own lunch



Come and explore the world as we search for pieces of the mysterious treasure map. Ward off creatures/insects of the woods as we brave the elements of nature and perhaps even pirates as we seek the location of the treasure. Bone up your camp skills & songs and learn new ones, too!

Program Aide Training (PAT) Opportunity: Cost is \$70, which includes \$15 for PA training materials and pin. Girls going into 7th grade or above have a unique opportunity to take PA training at Day Camp! Girls will participate in the training in the morning and work with the younger girls in the afternoon to get their PA hours. Please check the PAT box on your registration form and send to the Day Camp Director/Registrar.

Overnight Camping Information: Available for girls 4th grade and up on Friday, July 16th at 3:30 pm until Saturday, July 17th at 11:00 am. Cost is \$10 per girl; adults are free. Cadette unit (6th grade) will plan overnight activities. Pizza & salad with a continental breakfast will be served.

Number of Participants: Min 60 / Max 100

Registration Deadline: May 15, 2010

Make checks payable to Collinsville Day Camp. Send registration/health history form and payment to Director/Registrar Jodi Becker.

Director/Registrar:

Jodi Becker 618.973.0061
PO Box 516, Maryville, IL 62062
Jodie1980@msn.com

Co-Director:

Jennifer Finley 618.593.6595
Lynne77@charter.net

Program Director:

Sheila Kampmeyer 618.398.8572
kampsheila@charter.net

Day Camp Registration Form

Also complete the Health History on the back of this form.

- Health History Record (on back) must accompany this registration form.
- Mail with check to the Day Camp Registrar listed for your camp.
- If applying for a Campership, please complete request on page 15 and return it with this registration.
- **ADULT VOLUNTEERS ARE NEEDED!** If you are interested in volunteering, complete application form on pages 13 & 14 and return it with this registration.

Camper's Name (Last Name, First Name & Middle Initial): _____

Street Address: _____ City/State: _____ Zip: _____

Parent/Guardian's Name: _____ E-mail: _____

Phone: (Day) _____ (Evening) _____

In case of an emergency contact _____ Relationship _____

Phone: (Day) _____ (Evening) _____

Camper's Troop/Group # _____ Non Girl Scout Grade in Fall 2010: _____

GS Grade Level: GS Daisy (K-1st) GS Brownie (2nd-3rd) GS Junior (4th-5th) GS Cadette (6th-8th) Non Girl Scout

PAT (Program Aide in Training): 7th grade & up, Fall 2010 • Offered at Bethalto, Collinsville & Columbia Day Camps only

PA (Program Aide): 7th grade & up, Fall 2010 • Must have completed Program Aide Training. Date of Training: _____

Volunteering to work at camp: check level Tag (preschool) GS Daisy GS Brownie GS Junior

The camper's racial background is: (please check as many as apply) American Indian or Alaskan Native Asian

Black or African American Hawaiian or Pacific Islander White Other (specify _____)

The camper's ethnic background is: (please check one) Hispanic or Latina Not Hispanic or Latina

Name of Day Camp: _____

Has child attended Day Camp before?: _____ If yes, when and where?: _____

Has child earned a Day Camp Progression patch? If yes, what was the last patch earned?: _____

If applicable, T-shirt size: Youth: S (6-8) M (10-12) L (14-16)
Adult: S (34-36) M (38-40) L (42-44) XL (46)

Note: Some Day Camps do not offer t-shirts.

Name of buddy your child would like to be with: _____ **Only include one buddy.**

Check here if camper has any special needs. (Physical restrictions, food allergies, diet, etc.). Please list: _____

• Day Camp Fee: \$ _____

• Non Girl Scout fee includes \$12 membership dues into GSUSA. **All Campers must be registered Girl Scouts.**

• **Please include cost of overnight, if applicable.**

• *If Girl Scout Cadettes - Ambassadors are volunteering to work at Day Camp PA, check with Day Camp Director for fee information.*

Fees are sometimes reduced/waived for girl volunteers.

Mail registration form with check, payable to: (Refer to specific Day Camp information)

Please check if requesting: Campership (Include the Campership Application with your registration form.)

Girl Scout/Non Girl Scout Consent: I give my consent to have my daughter/ward _____ be a Girl Scout member, attend camp and participate in all phases of the activities. I/we agree to cooperate with all of the Girl Scouts of Southern Illinois regulations. Further, Girl Scouts of Southern Illinois has my/our permission to use photographs or videotapes of my/our daughter/ward for whatever purpose they see fit, including web site, with no claim whatsoever on my/our part.

Signature of Parent/Guardian: _____ Date: _____

Girl Scouts of Southern Illinois

Girl & Adult Health History Record

This health history is to be completed and signed by parents/guardians of girls or by adult members themselves

Name _____ DOB _____ Age _____

Address _____ City _____ State/Zip _____ Troop # _____

Parent/Guardian _____ Home Phone () _____

Home Address _____ City _____ State/Zip _____

Business Address _____ Work Phone () _____

In Emergency Notify _____ Relationship _____

Address _____ Phone () _____

Name of Family Physician _____ Phone () _____

Family Medical/Hospital Insurance Carrier _____ Policy/Group # _____

PART I: Illness and injuries (check those that apply and give appropriate dates)

Chronic or Recurring Illness

- Ear Infection Bleeding/Clotting Disorders Hypertension Asthma Diabetes
 Heart Defect/Disease Musculoskeletal Disorders Seizures Other _____

Date of last health examination _____ Were any complicating medical problems noted? _____

Is participant currently under the care of a physician or psychologist? _____

Since last health exam, has participant had:

- a serious injury requiring medical attention?
- any prescribed or over-the-counter medication?
- treatment in a hospital or emergency room?
- any exposure to a contagious disease?
- an illness lasting more than 5 days?
- a surgical operation or fracture?
- any restrictions concerning physical activities?

Please explain any "yes" answers to the above questions, including dates: _____

PART II: Allergies

(Check those that apply and specify nature of allergic reaction.)

- Animals Hay Fever
 Pollen Food
 Medicines/Drugs Insect stings
 Plants Other _____

PART IV: My daughter has permission to take or use the following:

- Tylenol / Acetaminophen
 Advil / Ibuprofen
 Sudafed / decongestant
 Benadryl / antihistamine
 Pepto Bismol
 Tums / Antacid
 Robitussin / expectorant
 Swimmer's Ear / alcohol-vinegar solution

PART III: Other health conditions (Check those that apply.)

- Bed wetting Fainting
 Constipation Hearing impairment
 Menstrual cramps Sickle cell trait or disease
 Motion sickness Special dietary regimen
 Nosebleeds Wears glasses or contact lenses
 Sleep disturbances 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. Also, indicate any activities to be encouraged or restricted. _____

This health history is complete and accurate. 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 _____

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of adult _____ Date _____