

## **Pirates of Little Grassy** Offered on 2 different weeks!

Aaaaarg mateys! Come aboard for an exciting week of pirate fun! Fly your flag high as you learn to sail and use pirate maps to find treasure. Take charge of Little Grassy Lake by canoe or funyak!!

***Badges:*** *Weather Watch, Water Fun*

# 2010 Resident Camp (Cedar Point) Registration Form

PRINT IN INK OR TYPE. Fill in ALL information blanks AND **Health History on reverse side of this application.** Application must include a \$25 deposit to be processed (*unless Title XX*). Make check payable to and send with application and health history to:  
 Girl Scouts of Southern Illinois, #4 Ginger Creek Parkway, Glen Carbon, IL 62034.  
**NOTE:** Registrations are due 4 weeks prior to start of session.

Camper Name (Last, First and M.I.) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ County \_\_\_\_\_  
 Full Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Birth Date (mo/day/yr) \_\_\_\_\_ Age at time of Camp \_\_\_\_\_  
 School Grade (Fall '10) \_\_\_\_\_ Troop # \_\_\_\_\_  
 Council (if other than GSSI) \_\_\_\_\_  
 Where did you obtain a camp brochure? \_\_\_\_\_  
 Optional: Friend camper wants to be with \_\_\_\_\_  
 (MUST be same age level and register for same program/session. Please note that registration will be taken as first come, first serve basis.)  
 Any food allergies or special needs to accommodate?  Yes  No  
 If yes, please describe: (attach an extra page if needed) \_\_\_\_\_  
 \_\_\_\_\_

FOR OFFICE USE ONLY	
Session	
Program	
Camp Fee	
NS/OOC	
Total Due	
Deposit	
Balance Due	
Payment	
Svc Unit	
Mail 1	
Mail 2	

Name of parent/guardian (emergency contact) \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Name of second parent/guardian (2nd contact) \_\_\_\_\_ Work Phone# \_\_\_\_\_  
 If parents/guardians above cannot be reached - person to notify in case of emergency: Name \_\_\_\_\_  
 Full Mailing Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

LIST FIRST, SECOND AND THIRD CHOICES FOR PROGRAM AND WEEK. Check schedule in brochure to be certain program is available for the week you choose and camper's school grade is appropriate to program choice.

**1st Choice** Program Name \_\_\_\_\_ Week \_\_\_\_\_  
**2nd Choice** Program Name \_\_\_\_\_ Week \_\_\_\_\_  
**3rd Choice** Program Name \_\_\_\_\_ Week \_\_\_\_\_

I've read and agree to all policies and procedures. I give permission for my daughter/ward to attend Camp Cedar Point and participate in all phases of the activities (which may include transportation from the camp and activities at other sites). I have read the camp guide and agree to cooperate with camp procedures. I permit Girl Scouts of Southern Illinois to publish photographs taken of my daughter for promotional purposes. I am willing for her to be a member of Girl Scouting if she is not already registered. I understand the camp director has the right to change session activities if needed. I understand the financial arrangements and obligations.

PARENT/GUARDIAN  
 SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I would like to give another girl the opportunity to attend camp by donating \$ \_\_\_\_\_ toward a campership.

**Payment/Refund Policy** Payment of deposit must accompany registration in order for application to be processed (*unless Title XX*). There is a \$25.00 service charge plus bank fees on returned checks. \$25 deposit will only be refunded if camp is filled and camper is not accepted. **The balance of the camp fee is due two weeks before session. Fee is refundable up to four weeks before camp session** or may be transferred to another camper filling the same space.

Credit card option for full payment of camp fee. ____ Please bill my credit card for the full amount. Mastercard ____ VISA ____ DISCOVER ____ Exp. Date ____ V-CODE ____ Account # ____ Name on Card ____
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# 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

- |                                               |                                                      |                                       |                                      |                                   |
|-----------------------------------------------|------------------------------------------------------|---------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Ear Infection        | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma      | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Musculoskeletal Disorders   | <input type="checkbox"/> Seizures     | <input type="checkbox"/> 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?  | • an illness lasting more than 5 days?             |
| • any prescribed or over-the-counter medication? | • a surgical operation or fracture?                |
| • treatment in a hospital or emergency room?     | • any restrictions concerning physical activities? |
| • any exposure to a contagious disease?          |                                                    |

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

### PART II: Allergies

(Check those that apply and 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"/> Medicines/Drugs | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Plants          | <input type="checkbox"/> Other _____   |

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

- |                                                                   |
|-------------------------------------------------------------------|
| <input type="checkbox"/> Tylenol / Acetaminophen                  |
| <input type="checkbox"/> Advil / Ibuprofen                        |
| <input type="checkbox"/> Sudafed / decongestant                   |
| <input type="checkbox"/> Benadryl / antihistamine                 |
| <input type="checkbox"/> Pepto Bismol                             |
| <input type="checkbox"/> Tums / Antacid                           |
| <input type="checkbox"/> Robitussin / expectorant                 |
| <input type="checkbox"/> Swimmer's Ear / alcohol-vinegar solution |

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

- |                                             |                                                          |
|---------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Bed wetting        | <input type="checkbox"/> Fainting                        |
| <input type="checkbox"/> Constipation       | <input type="checkbox"/> Hearing impairment              |
| <input type="checkbox"/> Menstrual cramps   | <input type="checkbox"/> Sickle cell trait or disease    |
| <input type="checkbox"/> Motion sickness    | <input type="checkbox"/> Special dietary regimen         |
| <input type="checkbox"/> Nosebleeds         | <input type="checkbox"/> Wears glasses or contact lenses |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> 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 \_\_\_\_\_

# Resident Camp Fall '10 Grade

## Fee

Week 1  
June 13-18

Week 2  
June 20-25

Week 3  
June 27-July 2

Week 4  
July 4-9

Week 5  
July 11-16

Program Name	Grade	Fee	Week 1 June 13-18	Week 2 June 20-25	Week 3 June 27-July 2	Week 4 July 4-9	Week 5 July 11-16
Aloha Brownie <small>4-Day Short Session</small>	2-3	\$100	13th-16th				
Party Palooza	2-3	\$160		X			
Walking Work of Art	2-3	\$190		X			
Weird Science <small>4-Day Short Session</small>	2-3	\$125			27th-30th		
Super Star	2-3	\$190				X	
Nature Nuts <small>New!</small>	2-3	\$160					X
Wild Child <small>New!</small>	4-5	\$185	X				
Saddle Busters	4-5	\$265	X			X	
Pirates of Little Grass	4-5	\$185	X				X
Shutterbugs <small>4-Day Short Session</small>	4-5	\$160		20th-23rd			
Amazing Chase	4-5	\$185		X			
Hardcore H <sub>2</sub> O	4-5	\$175			X		
Outdoor Divas <small>New!</small>	4-5	\$190			X		
Art-Rageous <small>4-Day Short Session</small>	4-5	\$125				4th-7th	
Kiss a Fish <small>New!</small>	4-5	\$185				X	
CSI Mini Mystery <small>4-Day Short Session</small>	4-5	\$135					11th-14th
Crazy for Creepy Crawlies <small>New!</small>	4-5	\$185					X
Mad Outdoor Skillz <small>New!</small>	6-8	\$180	X				
Night Owl	6-8	\$175		X			
CSI - You're the Detective	6-8	\$185		X		X	
Wranglers	6-8	\$265			X		
Rad Robots <small>New!</small>	6-8	\$185				X	
Spa-Tacular	6-8	\$185				X	
Groovy Girl Scouts <small>New!</small>	6-8	\$180					X
Climb On! <small>New!</small>	9-12	\$265	X				
Girl vs. Wild <small>New!</small>	9-12	\$180			X		
Senior Horse Lovers <small>New!</small>	9-12	\$265					X

Note: A short session is offered during each week of camp. Look for the 4-Day Short Session symbol by the program name. The dates for the short session are listed in the week box.