



Searching for some Summer **FUN?** We're on the case!

All girls in grades K-12 are invited to join us as we work together to solve riddles, puzzles, and a camp mystery at this year's Schwaben Covered Bridge Girl Scout Day Camp – inspired by super sleuth Nancy Drew!

Dates: July 15th, 16th, & 17th 2019

Times: Mon & Tue 9am-4pm, Wed 9am-7pm

Place: Himmel's Church Grove, Covered Bridge Rd, Rebuck, PA

Cost* for non-Girl Scouts: \$55 (includes \$25 G.S. membership)

Cost* for 2018-19 Girl Scout members: \$30

***Includes patch, T-shirt, food, and craft supplies**

Cost with a parent or adult on staff full-time: Non-G.S.: \$40 G.S.: \$15

Cost for trained older girl helper/PAs: \$15

POSTMARK DEADLINE: June 21st, 2019

After the deadline, the cost will be \$6 more.

Contact Briana Shervinskie with questions – 570.259.2830 or bshervinskie@capital.edu

Find us on Facebook @SCBDayCamp

Schwaben Covered Bridge Day Camp 2019 Registration Form

Follow us on Facebook @SCBDayCamp

Girl's Name _____

School Grade this coming September 2019 _____

Confirmation will be sent via email. Email Address: _____

If your camper is a 2018-2019 Girl Scout Member, please fill in her Troop number & S.U./Neighborhood if you know them. **Troop #**_____.

Photos of your camper may ___or may not ___be used in local news media and in camp promotion social media.

Calculate Costs:

Camp Cost for girls who are NOT yet 2018-2019 Girl Scout Members: \$55.00

With a parent/adult appointed as full-time staff: \$40.00

Camp Cost for girls who are currently 2018-2019 G.S. Members: \$30.00

With a parent/adult appointed as full-time staff: \$15.00

Camp Cost for older girls appointed as helpers or PAs: \$15.00

Your Camp Cost: \$ _____

\$6.00 Late Fee if you are posting this form after **June 21st, 2019** \$ _____

Total Event Cost: \$ _____

If you need financial aid, subtract the amount you need, & we will try to cover it.

Amount of requested financial aid: \$ _____

Your check made payable to **Girl Scouts in the Heart of PA** enclosed for: \$ _____

Camper's T-shirt: **Youth Sizes:** S(6-8)____, M(10-12)____, L(14-16)____, **Adult Sizes:** S____, M____,

L____, XL____, 2XL_____.

Complete & mail or email all pages of this form with your payment to: PAT KEMBEL, JORDAN TWP RD, HERNDON, PA. Questions: Pat at 570-425-3238 / pkemblem@tds.net

General questions about camp to Briana Shervinskie at 570-259-2830 or bshervinskie@capital.edu

Everyone – Please fill out the above *Registration Form*, *Health History Form*, and *Med. Release Form*.

The official *Girl Scout Registration Form* is for girls who are not currently registered. If the girls are not already registered, please complete the G.S. Registration Form. We will send them to Girl Scouts in the Heart of PA.

Girl Scout Health History and General Participation Permission

Parent/Guardian – Please complete this form and provide it to your Girl Scouts Troop Leader
Troop/Group Leader – Keep this form with your troop/group records

Personal Information

| | | | |
|--|-------------|-------|-----|
| Girl Scout Name | Birth Date | | |
| Address | City | State | Zip |
| Code | | | |
| Parent/Guardian () | | () | |
| Phone | Other Phone | | |
| My Girl Scout is under the custodial care of: | | | |
| <input type="checkbox"/> both parents <input type="checkbox"/> Mother/guardian only <input type="checkbox"/> Father/guardian only <input type="checkbox"/> Other (specify) _____ | | | |

If Parent/Guardian cannot be reached, please notify:

| | |
|-------------|-------------|
| Name | Name |
| Phone | Phone |
| Other Phone | Other Phone |

Physician Information

| | |
|------------------------------------|--|
| Name | () Phone |
| Medical/Hospital Insurance Carrier | Policy/Group Number |
| Date of last health exam | Are activities restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, please explain. |

Health History

I. Allergies: Check all that apply and elaborate if necessary.

| | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Animals _____ | <input type="checkbox"/> Plants _____ | <input type="checkbox"/> Hay Fever _____ |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Pollen _____ | <input type="checkbox"/> Medicine _____ |
| <input type="checkbox"/> Insect bites/stings _____ | <input type="checkbox"/> Other _____ | |

II. Chronic/Recurring Conditions: Check all that apply:

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Asthma/Respiratory Problems | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Emotional Disturbances | <input type="checkbox"/> Headaches | <input type="checkbox"/> Constipation | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Musculoskeletal Disorders | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Sickle Cell Trait or Disease | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Other _____ | |

III. Check if child wear any of the following:

Contact Lenses Glasses Dental Appliance Other _____

Please List All Current Medications

Are any needed during troop/group activities? Yes No – If yes, please list which ones below:

| | | |
|----|---------------|-------------|
| 1. | Dosage: _____ | Time: _____ |
| 2. | Dosage: _____ | Time: _____ |
| 3. | Dosage: _____ | Time: _____ |
| 4. | Dosage: _____ | Time: _____ |

The Following Over the Counter Medicines May Be Given to My Child

| | |
|---|--|
| Tylenol <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ |
| Dosage | Dosage |
| Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No | Aspirin <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ |
| Dosage | Dosage |

I do not give my consent for any of the over the counter medicines, listed above, to be given to my child.

Treatment Authorization

Parent/Guardian Statement:

- This health history is complete and accurate. I know of no reason(s), other than indicated on this form, why my child should not participate in troop/group activities except as noted. I authorize the Girl Scout adult in charge to consent to medical treatment when either I or my assignee cannot be contacted. I understand every effort will be made to contact me before such action. I assume financial responsibility for emergency care if such care is not covered by GSUSA Activity Accident Insurance.
- I hereby authorize troop/group adults to give necessary first aid to my Girl Scout. I also authorize the person in charge to obtain and consent on my behalf to whatever medical diagnosis or treatment is deemed necessary or advisable by such person for the well being of my Girl Scout.
- If any information on this form changes, I will update the form with the appropriate information as soon as I am able.

 Parent/Guardian Signature: _____ Date: _____

Publicity/Transportation/General Girl Scout Activities Authorization

Parent/Guardian Statement:

- I give my permission for my Girl Scout to participate in regular Girl Scout activities, including troop/group meetings, troop money-earning activities, etc.
- I give my permission for my Girl Scouts photo to be included in videotapes, broadcast media, print media and/or her name and picture to be used in Girl Scout publicity and materials.
- Troop/Group adults have my permission to transport my Girl Scout on a troop trip or in case of an emergency.

 Parent/Guardian Signature: _____ Date: _____



Release of Medical Information Authorization

In accordance with the standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provides for the release of medical information to the appropriate listed personnel.

This is to authorize the release of medical information, to or between, Camp Staff and authorized Medical Personnel (including the Health Supervisor, visiting RN, and on-call doctor), hospital staff, food service staff, and Unit Staff concerning medications, illness, limitations, or health conditions relating to _____'s participation in camp activities.

(please print participant's full name)

I understand that by signing this, I authorize these persons to receive my medical information on a need to know basis.

Name of participant – Printed (*required*)

Signature of participant (*required*)

Date (day/month/year)

Parent/Guardian name – Printed (*if under 18 years of age*)

Parent/Guardian Signature (*if under 18 years of age*)

Date (day/month/year)

This form is to be attached to your camper's Health History Form.



Only fill out this form if your camper is not already registered as a Girl Scout. If submitting this form via mail, send with all camp registration forms and check to Pat Kembel.

Girl Membership

Join the global network of 2.6 million Girl Scouts Membership year through 9/30/2020

Register online today at www.girlscouts.org/girljoin!

Check one: New Member Renewing Member Troop # _____

GIRL INFORMATION

Name: First _____ Middle _____ Last _____
 Address _____ Apartment _____
 City _____ State / Zip Code _____ Girl Home Phone _____
 (_____) _____
 Girl Cell Phone (only if 13 and older) _____ Girl Email Address (only if 13 or older) _____ I wish to opt in*: Texts Emails

Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following information (as defined by the U.S. Census Bureau), you ensure support and funding for girls in your community. Hispanic/Latina is defined as an ethnicity, not a race, therefore is reported separately. This information is used for statistical purposes only.

Date of birth (mm/dd/yyyy): ____/____/____ Number of years as a Girl Scout: ____ School grade in fall 2019 ____

Name of school: _____

| | | |
|--|---|---|
| Custodial care: | She is (Check all that apply): | She is Hispanic or Latina: |
| <input type="radio"/> Both parents | <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> White |
| <input type="radio"/> Mother/guardian only | <input type="radio"/> Asian | <input type="radio"/> Other (Please specify.) _____ |
| <input type="radio"/> Father/guardian only | <input type="radio"/> Black or African American | <input type="radio"/> Yes |
| <input type="radio"/> Other _____ | <input type="radio"/> Hawaiian or Pacific Islander | <input type="radio"/> No |
| | <input type="radio"/> I choose not to share at this time. | <input type="radio"/> I choose not to share at this time. |

Address is same as girl's

Parent/Guardian (1) Name: First _____ Middle _____ Last _____
 Address _____
 Employer _____ Title / Occupation _____
 (_____) _____
 Home Phone _____ Business Phone _____
 (_____) _____
 Cell Phone _____ Email Address _____ I wish to opt in*: Texts Emails

Address is same as girl's

Parent/Guardian (2) Name: First _____ Middle _____ Last _____
 Address _____
 Employer _____ Title / Occupation _____
 (_____) _____
 Home Phone _____ Business Phone _____
 (_____) _____
 Cell Phone _____ Email Address _____ I wish to opt in*: Texts Emails

DEMOGRAPHICS

PARENT/GUARDIAN INFORMATION

PERMISSION

| | | | |
|---|--|--|--|
| <p>Media Permission When participating in Girl Scout activities, I (or the person I am registering) give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats for either the local Girl Scout councils or Girl Scouts of the USA. The images will be the sole property of the local Girl Scout council or Girl Scouts of the USA. I hereby release and hold harmless the local Girl Scout council and Girl Scouts of the USA from any claim arising from the use of these images.</p> <p><input type="radio"/> I wish to opt out at this time.</p> | <p>The Girl Scout Promise <i>On my honor, I will try:</i> To serve God and my country, To help people at all times, And to live by the Girl Scout Law.</p> <p>When making the Girl Scout Promise, individual members may substitute wording appropriate to their own spiritual beliefs for the word "God."</p> <p><i>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.</i></p> | <p>The Girl Scout Law <i>I will do my best to be</i> honest and fair, friendly and helpful, considerate and caring, courageous and strong, and responsible for what I say and do, <i>and</i> to respect myself and others, respect authority, use resources wisely, make the world a better place, and be a sister to every Girl Scout.</p> | <p>*By signing here and checking the above circles, each signee (and on behalf of the girl, as applicable) agrees to receive auto-dialed information, marketing text messages or emails, and other transactional service-related messages to the email address and phone number above, understanding such consent is not required to join.</p> |
|---|--|--|--|

Signature of Parent/Guardian _____ Date _____ Signature of Parent/Guardian _____ Date _____

Council code: _____ Service unit/team: _____

ADMIN USE

GIRL SCOUT MISSION

Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

MEMBERSHIP OPTIONS

Annual Membership

Annual fee: \$25

New Members Only

Extended year: \$35
Available for purchase between **May 1 and September 30, 2019.**
Girl's membership will be valid until September 30, 2020.

YES! I would like to make a donation today that directly benefits girls in our area. Enclosed is my tax-deductible donation.

Check one:
 \$500 \$250 \$150
 \$100 \$50 \$25
 Other \$ _____

PAYMENT INFORMATION

Membership Fee: \$ _____

Council Service Fee: \$ _____

Extended Year Fee: \$ _____

Donation: \$ _____

Total Attached: \$ _____

Cash Check*
 Amex Discover
 Visa MasterCard
 Financial Aid

Name on Credit Card _____

Credit Card # _____

Expiration Date _____ CVV Code _____

Signature _____

Date _____

*Make checks payable to Girl Scouts.

Return this registration form, along with the applicable GSUSA membership fee, to your local council. Fees are not refundable or transferable to another person.

THANK YOU FOR SUPPORTING GIRL SCOUTS!
Learn more about Girl Scouts at www.girlscouts.org.