

Camper Registration

The Enchanting Sea Day Camp July 22-26, 2019

Thank you for registering for The Enchanting Sea Day Camp. Please print out this packet and complete every page. Use this cover sheet to ensure you have completed all registration materials. We have included some tips to help streamline the process please look these over and double check that you have included all necessary information. If you have any registration questions please contact Angela at 651-968-9108 or registration@blsundaycamp.com.

- Complete the Camper Registration Form.
 - Be careful to put the correct troop #*
 - Only one buddy name and within the same grade as your camper*
 - Double check your email is listed correctly and clearly legible
 - Please make sure to circle a t-shirt size

*Please note we try to honor everyone's friend request however once we form units it is hard to change them around. We must follow all Girl Scout Safety Wise guidelines for unit numbers and volunteer ratios. Please make sure you write the troop number and friend correctly. We will also ask you to confirm this in your confirmation email.

- Complete the Day Camp Fees Section on Camper Registration
 - Fees are \$170 per camper if registering by April 1 and \$190 per camper after April 1
 - One Free camper fee for full time Volunteers, One \$100 camper fee for Volunteering 3 full days.
 - Make Checks payable to BLSU Day Camp
 - You may use Cookie Credits. If you are using 2018 cookie credits put your camper's name on the cookie credit(s) and include with your remaining payment. If you are using 2019 cookie credits the process is the same, however do not wait until you receive your cookie credits. Indicate how many you are using on the form and send in the remaining payment with your registration packet . Then when you receive your credits from your cookie manager write your camper's name on them and send them to the registrar.
 - Financial assistance is available through the council. Complete the financial assistance form at <https://www.girlscoutsrv.org/en/girls-families/resources/financial-assistance.html> Then complete The Enchanting Sea registration packet and send it in with \$10 to hold your spot for camp.
 - Refunds are only issued for emergency circumstances. No refunds will be issued after June 1.

- Complete the Girl/Adult Health History Form
 - Girls will not be allowed at camp without this form completed thoroughly!

- Complete the Camp Medication Form
 - Complete this form even if you do not want any medication given at camp.

- Mail in your entire packet
 - Include the **Registration Form, Health History Form, Camp Medication Form, and Payment** to BLSU/ c/o Angela Okonek 6731 12th St. N. Oakdale, MN 55128
 - You must have all four items in order for your registration to be complete.
 - The registrar will send you a confirmation email once your registration is processed. Please notify Angela if you have not received a confirmation within two weeks of sending in your packet. You may also need to check your spam/junk folder.

Camper Registration

The Enchanting Sea July 22-26, 2019



Mail check, registration, medication & health forms to: Angela Okonek, 6731 12th St N, Oakdale MN, 55128

Camper Information Previous Day Camp Experience Yes No

Camper First Name:		Last Name:		Troop #:	
Full Address: (street, city, state, zip)					
Home Phone:		Date of Birth: (MM/DD/YY)		Current School	
				Grade Entering Fall 2019:	
Registered Girl Scout: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please add a \$25 check made out to "River Valleys" and send with camper registration.)		Buddy's name* (ONE name ONLY): *Buddy Must Be in the Same Grade		Buddy's Grade Entering Fall 2019	

Parent/Guardian Contact Information

Custodial parent/guardian name:		Day phone:		Evening phone:		Cell:	
Address if different from above:							
Second parent/guardian name:				Phone:			
Address if different from above:							
Email: (We prefer to communicate thru email so this account should be checked regularly.)							
If you don't check email regularly or prefer not to get camp info thru email check this box <input type="checkbox"/> and alternate communications will be used.							

Additional Information & Fees – Fill out completely

Transportation <i>Please let us know if your camper will be riding the bus to camp by checking below. Bus transportation is included in day camp fees.</i> Riding the bus to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No		Day Camp Fees (Must be included for form to be processed)	
Thursday Overnight <input type="checkbox"/> Yes <input type="checkbox"/> No <i>grades entering 2-3 in buildings grades entering 4 & up in tents</i>		Program fee - \$170 *\$190 after April 1	
Food Allergies/Preferences (i.e. vegetarian) _____		<input type="checkbox"/> Full or Part-time volunteer. < > (see volunteer registration form)	
T-Shirt Size All campers receive one camp T-shirt. Please circle size. T-Shirts tend to run closer to the small size listed.		New Girl Scout member fee. Add separate \$25 check made out to: River Valleys +	
Child Sm(6-8) Child Med(10-12) Child Lg (14-16) Adult Sm Adult Med Adult Lg		Cookie Credits or Fall FUNDS -	
		Grant-for-Girls (See Website) \$10 must accompany this registration. Subtract grant amount requested: -	
		Total Enclosed : \$ <i>Make checks payable to: BLSU Day Camp</i> (Credit cards are not accepted)	

Permission

I give permission for my camper to attend day camp and participate in all activities, including overnights, which are part of the program, unless otherwise indicated. I agree to cooperate with all regulations and policies. I give permission for my camper to be photographed or recorded, and for River Valleys and Beaver Lake Service Unit to use this material for publicity purposes. I will not send my camper if she becomes exposed to any contagious disease (including head lice), or if I do not consider her to be in good physical condition. I give permission for my camper to receive necessary medical treatment at area hospitals/medical centers or from the Day Camp Health Supervisor or designee. I give permission for my camper, if not currently a member, to join Girl Scouts of the USA and have enclosed \$25 membership dues. I will read and abide by communications from the day camp.

****SIGNATURE REQUIRED****

Parent/guardian signature: _____ Date: _____



Girl/Adult Health History Form

GIRL MEMBER ADULT MEMBER

PLEASE PRINT CLEARLY IN INK.

CONTACT INFORMATION	Troop #: _____ or Individual <input type="checkbox"/>	Service Unit: _____	
	First Name: _____	Middle Name: _____	Last Name: _____
	Mailing Address: _____	Apt. #: _____	PO Box: _____
	City: _____	State: _____ Zip: _____	Phone: () _____
	Cell: () _____	E-mail: _____	
	Parent/Guardian(s) Name and address (If different from girl's): (Complete for girl form only)		Phone: () _____
	1. _____		Cell: () _____
Parent/Guardian(s) Name and address (If different from girl's): (Complete for girl form only)		Phone: () _____	
2. _____		Cell: () _____	
Custodial Care Information: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other: _____			

HEALTH INFORMATION	Name of Family Physician: _____	Phone: () _____
	Family Medical/Hospital Insurance Carrier: _____	Policy or Group No: _____
	Family Dental Insurance Carrier: _____	Policy or Group No: _____
	Health Information: Age: _____ Date of birth: <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> Immunizations are up to date.	
	Date of last Tetanus shot: <u> </u> / <u> </u> / <u> </u>	
	Date of last health examination: _____ Were there any medical problems at the time? _____	
	Does participant have any physical, mental or psychological conditions requiring medication, treatment, or other special restrictions or considerations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state medication and reason: _____	
	Does participant take any prescribed medications or over-the-counter drugs on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state medication and reason: _____	
	Is participant restricted or limited from participating in any physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
	Please provide a record of past medical treatment, if any, including injuries or surgeries: _____	
Participant has the following health conditions/allergies/dietary restrictions (food and medications): <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Headaches <input type="checkbox"/> Seizures <input type="checkbox"/> Other: _____ <input type="checkbox"/> Allergies (specify): _____		
Emergency Contact (non-parent): _____		
Relationship: _____	Phone: () _____	Cell: () _____

AUTHORIZATION	PARENT/GUARDIAN AUTHORIZATION This health form is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter/girl should not participate in the prescribed activities except as noted. In the event that my daughter/girl needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my daughter/girl receives routine healthcare, medications, reasonable first aid and to transport my child to a health care facility for emergency services as needed.
	Signature of parent/guardian: _____ Date: _____
	ADULT MEMBER AUTHORIZATION This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.
	Signature of adult member: _____ Date: _____

**Parent - please retain a copy for day camp, resident and other overnight camp programs.
Troop Leader - please retain for your records**

Camp Medication Form

Camper's Full Name: _____

Session Name and Date: _____

Day Camp Camp Elk River Camp Lakamaga
 Camp Northwoods Camp Singing Hills

OVER THE COUNTER MEDICATIONS

Check all items that we may give your camper, if she should need medication while at camp. All medications are given based on your individual child's weight or age as listed in the instructions.

- Acetaminophen (such as Tylenol or other non-aspirin pain reliever)
- Ibuprofen (Motrin, Advil)
- Throat Lozenges
- Antihistamine (such as Benadryl)
- Calamine, Caladryl or other anti-itch lotion
- Antibiotic Ointment (such as polysporin or Neosporin)
- Hydrocortisone cream
- Antacid (Tums)
- Antifungal Ointment or Spray (for athlete's foot)
- Sunscreen (spf 30 max)
- Bug spray (non-aerosol, 10% Deet max)

Comments: _____

Fill in the bottom portion for any prescription medications your camper will be bringing to camp

*****All prescriptions MUST be in their original container*****

Medication and Dose:	Reason for Medication:	Times and Days to be given As needed or prescribed times*	Please note if this is a prescription or over the counter medication

**Please note: we can only administer prescription medication according to directions on the label, unless we have a signed doctor's note.*

Parent/Guardian Signature: _____

Date: _____