

# Adult Volunteer Registration

## The Enchanting Sea Day Camp July 22-26, 2019

Thank you for Volunteering for The Enchanting Sea Day Camp. Our camp is completely run by volunteers and we appreciate you taking the time to ensure this camp is successful. Pass on the word about volunteering for our camp. We need a lot of volunteers so invite your friends and relatives to volunteer. 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@blsudaycamp.com](mailto:registration@blsudaycamp.com).

- Complete the Adult Volunteer Registration Form.
  - Double check your email is listed correctly and clearly legible
  - Please make sure to circle a t-shirt size
  
- Complete the Camp Fees for Volunteers' section
  - The only fees for adult volunteers are extra t-shirts (you do receive one for free) and Boys' Unit fees. Full time volunteers receive one free Boys' Unit fee. Part time volunteers the fee is \$20 per day.
  - Make Checks payable to BLSU Day Camp
  - Refunds are only issued for emergency circumstances. No refunds will be issued after June 1.
  
- Complete the Girl/Adult Health History Form
  - Adults will not be allowed at camp without this form completed thoroughly!
  
- Boys' Unit
  - As a courtesy to our adult volunteers we are happy to offer a Boys' Unit once again this year. The Boys' Unit is only available to boys of adult volunteers on the day(s) you volunteer.
  - If you are enrolling a boy in the Boys' Unit complete a Boys' Unit Registration Packet.
  - The Boys' Unit is for boys who will be entering 1<sup>st</sup>-6<sup>th</sup> grades in the fall of 2019.
  - We are limiting the size of the Boys' Unit to 12 boys.
  - We are in need on one additional adult to help run the Boys' Unit and an additional older boy (preferably a Boy Scout who has camp counselling experience). Please consider asking your husbands or significant others to help volunteer for the Boys' Unit. It is a great experience for the boys. We will not be able to have a Boys' Unit if we do not have a second adult volunteer.
  
- Day Care
  - We will not be offering day care this year. Please make arrangements to have your little ones taken care of on the days you are volunteering.
  
- Mail in your entire packet
  - Include the **Registration Form, Health History Form, and any Payment** to BLSU/ c/o Angela Okonek 6731 12<sup>th</sup> St. N. Oakdale, MN 55128
  - Include the **Boys' Unit Registration Form, Health History Form, Medication Form** if enrolling a Boy
  - 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.

# Adult Volunteer Registration

## The Enchanting Sea DAY CAMP

### July 22-26, 2019

We will offer one camper for \$100 for each adult who volunteers for 3 days.  
 We will waive one camper fee for each adult who volunteers at camp full-time.  
 All volunteer staff will be expected to:

- Be a registered Girl Scout (if volunteering more than one day at camp)
- Have her/his volunteer application/references on file with the Girl Scout Council
- Attend training approximately one week prior to camp, date/time TBD. **REQUIRED**
- Stay overnight on Thursday night with the campers, if needed

Volunteers receive one free camp T-shirt.

Full time volunteers receive one free additional boy's unit spot (Grade entering Fall 2019 1st-6th grade)

Volunteer Name: (first, middle initial, last)		Registered Girl Scout: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Full-time (one free camper)		<input type="checkbox"/> Part-time (please indicate the days): <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Overnight <input type="checkbox"/> F	
Address:		City:	State: Zip:
Number of summers you've volunteered at camp:		Riding the bus from Tartan to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No Chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Day Phone:	Evening Phone:	Cell/pager:	
Email:		Can we use for primary contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify/explain		Any disability or health concern that must be considered in your placement? (please explain)	
Camper at camp:	Age:	Child in boy's unit*:	Age:
Camper at camp:	Age:	Child in boy's unit*:	Age:
Ways you would be willing to volunteer: (please check)			
<input type="checkbox"/> Working with Brownies (grades 1-3)		<input type="checkbox"/> Crafts/Kitchen	
<input type="checkbox"/> Working with Juniors (grades 4-6)		<input type="checkbox"/> Administrative/computer	
<input type="checkbox"/> Working with Caddies		<input type="checkbox"/> Bus Chaperone	
<input type="checkbox"/> Working in Boys' Unit (if necessary)		<input type="checkbox"/> Other: (please specify)	
Would you prefer to be with your daughter's unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am willing to help anywhere needed			
Food Allergies/Preference (i.e. vegetarian)			
Training you have attended: (please check)		<b>Camp fees for volunteers:</b> If applicable, include with registration.	
<input type="checkbox"/> Girl Scout Outdoor Training (please specify) _____		*Boys' Unit (grade entering fall 2019 1st-6th) \$20 per boy/day (one boy free for FT volunteer) <b>REQUIRED: Complete Boys Unit form</b> *We need to know age/needs by June 30.	
<input type="checkbox"/> Adventure course		Additional T-shirts - \$5 each (note size/quantity)	
<input type="checkbox"/> Waterfront/watercraft		Adult sizes: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
<input type="checkbox"/> Archery		Child: Note size/quantity on Boys Unit Form	
<input type="checkbox"/> Current First Aid Training - Expires: _____		<b>Total Enclosed:</b>	
<input type="checkbox"/> Current CPR Training - Expires: _____		<b>Checks payable to BLSU Day Camp</b>	
Would you be willing to take any of the above training as needed for camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I will abide by the Girl Scout regulations and procedures. I will not attend if I become exposed to any contagious disease (this includes head lice), or if for any reason, I do not consider myself to be in good physical condition. I give permission to receive necessary medical attention at a hospital or from the Camp Health Supervisor or designee. I give permission for photographs to be taken for publicity purposes. If I am volunteering for more than one day and am not already a registered Girl Scout, I give permission to be registered as a member of Girl Scouts of the U.S.A.			
Signature:			Date:

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



# 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) 1. _____		Phone: (    ) _____ Cell: (    ) _____
	Parent/Guardian(s) Name and address (If different from girl's): (Complete for girl form only) 2. _____		Phone: (    ) _____ 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. MM / DD / YY	
	Date of last Tetanus shot: <u>    </u> / <u>    </u> / <u>    </u> MM / DD / YY	
	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	<b>PARENT/GUARDIAN AUTHORIZATION</b> 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: _____
	<b>ADULT MEMBER AUTHORIZATION</b> 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**