

# Caddie Registration

## Outta This World Day Camp July 26<sup>th</sup> – 29<sup>th</sup>, 2021

Thank you for registering to caddie for Outta This World 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](mailto:registration@blsundaycamp.com).

- Complete the Caddie Registration Form:
  - Please make sure you list the grade the Caddie will be entering in the fall of 2021.
  - Make sure you included a Caddie and Parent email that you check on a daily basis. The majority of camp communication with Caddies is done via email.
  - Caddie unit assignments are made based on seniority and experience. In general, we do not assign Caddies to units with family members or friends. We like to give them the opportunity to grow and mature as leaders without the pressures of family or close friends. So please do not request a buddy or request to be with a family member.
  - Please choose a T-shirt size.
  - Contact our Caddie Director if you have any questions about Caddies. Brenda App at [scouterbapp@gmail.com](mailto:scouterbapp@gmail.com)
  
- Complete the Camp Fees for Caddies Section on the Caddie Registration Form
  - Fees are \$20.
  - One free Caddie **or** Camper fee for full time volunteers.
  - Make Checks payable to BLSU Day Camp.
  - You may use Cookie Credits. If you are using 2020 cookie credits put your camper's name on the cookie credit(s) and include with your remaining payment. If you are using 2021 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. Then when you receive your credits from your cookie manager write your camper's name on them and send them to the registrar.
  - Refunds are only issued for emergency circumstances. No refunds will be issued after June 1.
  
- Complete the Girl/Adult Health History Form
  - Caddies 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 Dawn Duerre, 1043 Lakewood Dr S., Maplewood, MN 55119
  - 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.

## Caddie Registration Outta This World July 26-29, 2021

All caddies/volunteer staff will be expected to:

- Be a registered Girl Scout (entering grades 7-12 Fall 2021) and take caddie training through the GS Council prior to camp
- Attend Beaver Lake Service Unit day camp trainings prior to camp (date and time to be announced)
- Submit a health form with registration

If you have any questions or concerns, please contact caddie director Brenda App at [scouterbapp@gmail.com](mailto:scouterbapp@gmail.com)

Caddie Name: <small>(first, middle initial, last)</small>		Troop #		Registered Girl Scout: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Caddie's Camp Name:			Parent/Guardian Name: <small>(first, middle initial, last)</small>		
Full-time <input type="checkbox"/> *Part-time (please indicate the days): <small>We ask caddies to commit to being at camp all week. If you can't please contact our caddie director BEFORE signing up.</small>		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th		Select T-shirt size (FT caddies—free): Adult sizes: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL Child Sizes <input type="checkbox"/> M <input type="checkbox"/> L	
Address:		City:		State: Zip:	
Number of summers you've caddied at Girl Scout camp:				Riding the bus from Tartan to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No FT or PT Days: M T W TH	
Caddie Phone:		Caddie E-mail			
Parent Phone:		Parent Email: <small>PLEASE LIST AN EMAIL YOU CHECK DAILY</small>			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain		Any disability or health concern that must be considered in your placement? <small>(please explain)</small>			
School:				Grade (Entering Fall 2021):	
Food Allergies/Preferences (i.e. vegetarian):					
Training you have attended: (please check) <input type="checkbox"/> Program Aide Plus (JR Caddie Training) <input type="checkbox"/> Caddie Training <input type="checkbox"/> Sr. Caddie Training <input type="checkbox"/> Waterfront/watercraft - Expires: _____ <input type="checkbox"/> Adventure Course <input type="checkbox"/> Archery <input type="checkbox"/> Current First Aid Training - Expires: _____ <input type="checkbox"/> Current CPR Training - Expires: _____ Would you be willing to take any of the above training as needed for camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Camp fees for caddies : \$20 includes snacks and meals*</b> <i>Fee includes T-shirt, snacks and meals</i> <i>*Free with full time adult volunteer</i>		
				Total Enclosed: <i>Checks payable to BLSU Day Camp</i>	
Caddie Signature:				Date:	
Parent/Guardian Signature:				Date:	

Mail **check, registration, medication & health** forms to:

Dawn Duerre  
1043 Lakewood Dr S  
Maplewood, MN 55119



# Girl/Adult Health History Form

GIRL MEMBER  ADULT MEMBER

PLEASE PRINT CLEARLY IN INK.

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

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: _____		<input type="checkbox"/> Immunizations are up to date.
Date of last Tetanus shot: _____		
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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No If yes, please state medication and reason: _____		
Is participant restricted or limited from participating in any physical activity? <input type="radio"/> Yes <input type="radio"/> 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	<p><b>PARENT/GUARDIAN AUTHORIZATION</b></p> <p>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 health care, medications, reasonable first aid and to transport my child to a health care facility for emergency services as needed.</p> <p>Signature of parent/guardian: _____ Date: _____</p>
	<p><b>ADULT MEMBER AUTHORIZATION</b></p> <p>This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.</p> <p>Signature of adult member: _____ Date: _____</p>

**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: \_\_\_\_\_