

Camper Registration

Outta This World Day Camp July 26th -29th, 2021

Thank you for registering 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@blsudaycamp.com.

Complete the Camper Registration Form.

- Be careful to put the correct troop #*, and correct grade for **fall** 2021.
- 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, friend, and grade for fall 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 May 15 and \$190 per camper after May 15
- 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 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 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 Outta This World registration packet and send it in.
- 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 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.



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>PARENT/GUARDIAN AUTHORIZATION</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>ADULT MEMBER AUTHORIZATION</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: _____

- | |
|--|
| <input type="checkbox"/> Day Camp <input type="checkbox"/> Camp Elk River <input type="checkbox"/> Camp Lakamaga
<input type="checkbox"/> Camp Northwoods <input type="checkbox"/> 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: _____