

Adult Volunteer Registration

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

Thank you for volunteering for Outta This World 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. Please print out this packet and complete every page. 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.

- You must be a registered Girl Scout Volunteer with a background check** on file with GSUSA in order to volunteer for camp. You can do both through the Girl Scouts River Valleys website. We will verify this is completed before processing your Volunteer Registration Form. <https://girlscouts.secure.force.com/>
- Complete the Adult Volunteer Registration Form and Girl/Adult Health History Form.
 - Double check your email is listed correctly and clearly legible
 - Please make sure to mark a T-shirt size
 - Adults will not be allowed at camp without the Health History form completed thoroughly!
- Complete the Camp Fees for Volunteers' section
 - Full time volunteers receive one free camper or caddie registrations, and one free Boys' unit registrations if needed. Part time volunteers receive \$100 reduced fee when working 3 days or more.
 - 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.
- 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 1st-6th grades in the fall of 2021.
 - 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 counseling experience). Please consider asking your husbands or significant others, or older sons 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 Dawn Duerre 1043 Lakewood Dr S. Maplewood, MN 55119
 - 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.



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**