Girl Scouts of Western Washington

Camp Oh Ah Lay Lay Registration Form

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| Name:  | Click or tap here to enter text. |
| Please indicate the type of camper | Choose an item. | **Name of Camp**: Camp Oh Ah Lay Lay, Aug 2-6,2021 |

\*\*Registration forms and payment should be mailed to: Camp Oh Ah Lay Lay, PO Box 1135, Eatonville, WA 98328

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| --- | --- |
| Parent/Guardian:  | Click or tap here to enter text. |
| Address:  | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone | Choose an item. | Click or tap here to enter text. | This is the first year at camp. |[ ]  YES |
| Other Phone | Choose an item. | Click or tap here to enter text. |  |[ ]  NO |
| Email:  | Click or tap here to enter text. | Date of birth:  | Click or tap to enter a date. |
| Additional Email | Click or tap here to enter text. | Age | Click or tap here to enter text. |
| School: | Click or tap here to enter text. | Grade (entering in the fall) | Choose an item. |

Buddy Request (not guaranteed): Click or tap here to enter text.

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| --- | --- | --- | --- | --- | --- |
| T-shirt Size:  |  | [ ]  | YOUTH  | What size should we order? | Choose an item. |
|  |  |[ ]  ADULT |  |  |

Name of Person(s) other than the Parent/Guardian to notify in case of emergency should we be unable to reach you:

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Relationship:  | Click or tap here to enter text. |

Special needs we should consider when placing your child in a camp unit? (e.g. severe allergies, health, or behavior related concerns or braces)

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| --- |
| Click or tap here to enter text. |

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|[ ]  **Please contact me about volunteering at camp!** |

**GIRL SCOUT MEMBERSHIP:**

Girl Scouts of Western Washington requires that all of our campers are currently registered members of Girl Scouts. If your camper is not currently a member of Girl Scouts, you’ll need to go to [www.girlscoutsww.org](http://www.girlscoutsww.org) and register for the current membership year of Sept 1 – Aug 30. Membership fee is $25.00.

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|[ ]  Camper is currently a registered Girl Scout | Troop Number | Click or tap here to enter text. |
|[ ]  Camper is not currently a registered Girl Scout | **ALL ATTENDING MUST REGISTER** |

PAYMENT INFORMATION

|  |  |  |
| --- | --- | --- |
|[ ]  Credit Card – Invoice me $:  | Click or tap here to enter text. | You will receive an email invoice with a link to pay camp fees. ($1.00 per transaction fee) |
|[ ]  Check or Money Order | Amount Enclosed:  | Click or tap here to enter text. |
|[ ]  Cookie Dough | Card# | Click or tap here to enter text. |
|  | Amount to Charge: | Click or tap here to enter text. | EXP.DATE | Click or tap here to enter text. |
|[ ]  Financial Assistance | $25 deposit requires per family | Separate Financial Assistance application is required (see below)  |

**FINANCIAL ASSISTANCE**

Girl Scouts of Western Washington provides financial assistance as needed to support members to attend programs. The Financial Assistance online application: <https://forms.office.com/Pages/ResponsePage.aspx?id=ZVzL30Pk2Ua9tgts9lob6nq3y67vZwdLjlNLpXPuS_lURjI2TEVRTUE3SE1USTE4RUlHTEFQTDdOQy4u> Additional information is available at <https://www.girlscoutsww.org/en/about-girl-scouts/financial-assistance.html> Questions about financial assistance should be directed to your regional GSWW office or the Financial Assistance Coordinator at 1-800-541-9852.

CONSENT OF PARENT/GUARDIAN

As parent/guardian having legal custody of the camper named above, who is voluntarily enrolled as a participant in the Girl Scouts of Western Washington Community Day Camp program, I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for her to attend camp and participate in all phases of the program including off-site activities and related transportation.

I understand that her good health is required before she can attend camp. As the parent/guardian of the above child, I give permission for the above child to be photographed and/or audio/video taped during this event and for the images/recordings to be published, reproduced, or distributed by Girl Scouts and its affiliates in all outlets, including but not limited to television, newspapers, internet, council publications, recruitment materials and ads without liability or limitations or claims on my or my minor’s part. I have read the statement above. I understand the information and agree to allow my daughter/ward to participate in camp.

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| Click or tap here to enter text. |  | Click or tap to enter a date. |
| Parent/Guardian Signature |  | Date |

GSWW – Camp Oh Ah Lay Lay

**Girl or Adult Health History Form**

This health history is to be completed & signed by parent/guardian of camper or by adult members for themselves.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|[ ]  Girl | [ ]  | Adult: | Name:  | Click or tap here to enter text. |
| Date of birth | Click or tap here to enter text. | Age | Click or tap here to enter text. | Troop No. | Click or tap here to enter text. |
| Address | Click or tap here to enter text.  | Phone No | Click or tap here to enter text. |
| Emergency Contact | Click or tap here to enter text. | Phone No | Click or tap here to enter text. |

Part 1: Illnesses & Injuries (check those that apply & give approximate dates)

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| Chronic or Recurring Illness: |
|[ ]  Ear infection |
|[ ]  Bleeding/clotting disorder |
|[ ]  Hypertension |
|[ ]  Asthma |
|[ ]  Heart defect/disease |
|[ ]  Musculoskeletal disorders  |
|[ ]  Seizures |
|[ ]  Diabetes |
|[ ]  Other: Click or tap here to enter text. |

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| Since the last health exam, has participant had: |
| A serious injury requiring medical attention? |[ ]  YES |[ ]  NO |
| Any prescribed or over the counter medication? |[ ]  YES |[ ]  NO |
| Treatment in a hospital or emergency room?  |[ ]  YES |[ ]  NO |
| Any restrictions concerning physical activity?  |[ ]  YES |[ ]  NO |
| An illness lasting more than 5 days? |[ ]  YES |[ ]  NO |
| A surgical procedure or fracture? |[ ]  YES |[ ]  NO |
| Any exposure to a contagious disease? |[ ]  YES |[ ]  NO |
| Is participant under a doctor/psychologist’s care now? |[ ]  YES |[ ]  NO |
| Were there any complicating medical problems noted in the last health exam? |[ ]  YES |[ ]  NO |
| Date of last health exam:  | Click or tap here to enter text. |

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| --- | --- |
| If you answered “yes” to any of the above questions please explain, including dates:  | Click or tap here to enter text. |

Part 2:

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| Allergies – List ALL allergies (including medications, food, bees, etc.) the type of reaction and date of last reaction. |
| **Allergies** | **Reaction / Severity** | **Treatment** | **Date of last reaction** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Comments: Click or tap here to enter text. |
| Does your child suffer from Anaphylaxis? | YES | [ ]  | NO |[ ]   |
| Does she carry an Epipen? | YES |[ ]  NO |[ ]  Does she carry an inhaler? | YES |[ ]  NO |[ ]

Part 3: Other health conditions (Mark all that apply)

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| --- | --- | --- | --- |
|[ ]  Bedwetting |[ ]  Sleep Disturbances |[ ]  Special diet regime | All allergies are taken SERIOUSLY, and we will do everything in our power to not allow your camper said items. No lactose / lactose sensitive means NONE, not limited.  |
|[ ]  Constipation |[ ]  Emotional Disturbances |[ ]  Wear glasses / contact lenses |  |
|[ ]  Menstrual Cramps |[ ]  Fainting |[ ]  Other:  |  |
|[ ]  Nosebleeds |[ ]  Hearing impairment  | Click or tap here to enter text. |  |

Part 4 – Immunization History: (You can also attach records for the Doctor’s office)

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| --- | --- | --- |
| Immunization | Year primary series completed | Year of last booster |
| D.P.TDiptheriaPertussis (Whooping Cough)Tetanus | Click or tap here to enter text. | Click or tap here to enter text. |
| Tetanus / Dip Booster | Click or tap here to enter text. | Click or tap here to enter text. |
| Measles | Click or tap here to enter text. | Click or tap here to enter text. |
| Rubella (German Measles)  | Click or tap here to enter text. | Click or tap here to enter text. |
| Oral Polio | Click or tap here to enter text. | Click or tap here to enter text. |
| Tuberculin test (most recent)  | Click or tap here to enter text. | Click or tap here to enter text. |
| Covid 19 | Click or tap here to enter text. | Click or tap here to enter text. |
| Other:  | Click or tap here to enter text. | Click or tap here to enter text. |

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| Over the counter Medications & Dietary Restrictions |
|  | My child does NOT have permission to take over the counter medication (please include over the counter medication allergies above.) |
|  | My child can take the following over the counter medications daily or in case of accident/injury/sickness (for example pain reliever, digestive relief, etc.)  |
|[ ]  Sunscreen |[ ]  Hand sanitizer  |[ ]  Antacids |
|[ ]  Bug Spray |[ ]  Acetaminophen |[ ]  Sting relief |
|[ ]  Anti-Itch Cream |[ ]  Motrin  |[ ]  Click or tap here to enter text. |
| My child has the following dietary restrictions: Click or tap here to enter text. |

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| For Parents: I know of no reason(s), other than the information indicated on this form, why my daughter/ward should not participate in prescribed activities excepted as noted.  |
|  |  |
| Signature of parent/guardian | Date:  |