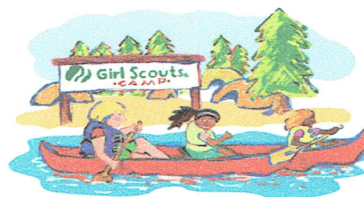


8th Annual Girl Scout Discovery Camp Weekend - Sock Hop

Experience Girl Scout Camp with SU101

Rock Climbing
Golf
Team Building
Canoeing
Fishing
Swimming



Archery (1st year Junior and older)

Serengeti Steve will be joining us this year (reptile show)

Enjoy GS basics of making new friends, campfire songs & S'mores

All girls are invited to spend both nights

| |
|---|
| Who: Girls in 1 st through 12 th grade |
| Cost: \$80.00 includes t-shirt, 7 meals/snacks, all programming & materials Non-registered girls must register as scouts before attending camp |
| Where: Camp ChanYaTa, Worden, IL |
| Friday, July 25, 2014 8:45-9:00 Please be on time. Pick up 4:00 if not staying the night |
| Saturday, July 26, 2014 9:00 AM – Pick up at 4:00 PM if not staying the night |
| Sunday, July 27, 2014 9:00 AM – 4:00 PM |

Campers: Fill out our registration, health history and YMCA form, send \$80.00.

Adults: Cost is \$20.00 for food \$5.00 for shirt. Fill out registration form, health history and YMCA form if you plan to rock climb, send \$25.00. Adult spots are on a first come first serve basis and are limited.

Program Aides: Girls who have completed their P.A. training have the option of participating in a unit. Cost is \$10.00 for food \$5.00 for T-Shirt. Fill out registration, health history and YMCA form, send \$15.00

To join in the fun: **Deadline July 8, 2014**

1. Complete necessary forms listed above, we can e-mail you the forms, if they are not attached. Do not use the GSSI day camp form. Questions: ymarsha@aol.com or 531-2025
2. Any special requirements, health issues must be listed on health history form, including medicines, and they must be signed in at registration. Questions-Theresa 304-2231
3. Enclose all forms & check payable to: Alton/Godfrey GS Summer Camp
4. Mail to registrar: Marsha York, 1110 Enos Lane, Godfrey, IL62035
5. Sponsored by SU101: Directors – Theresa Gratton 304-2231 & Marsha York 531-2025



DISCOVERY WEEKEND 2014 REGISTRATION FORM

PLEASE CHEK ONE:

Camper _____

Adult (I want to be on the kaper chart) _____

Adult (I do not want to be the on kaper chart) _____

Everyone attending must fill out a registration form & health history!

Cost for T-Shirts for Adults is \$5.00, T-Shirt is included in camper price.

Name (Last, First) _____

Street Address _____ City/State _____ Zip _____

Parent/Guardian's Name (only if camper) _____

Phone# _____ e-mail address _____

Emergency contact name & phone # _____

Troop # _____ Grade in fall of 2014 (if camper) _____

Level: Daisy__ Brownie__ Junior__ Cadette__ Senior__ Ambassador__ PA__

Shirt size: Youth Small__ Medium__ Large__ XL__

Adult Small__ Medium__ Large__ XL__ XXL__ XXXL__

Name of buddy your child would like to be with _____

If registrant has any special needs (physical restrictions, food allergies, diet, etc.) please explain. Please list all health issues on the Health History Form. Will we be in the heat, this is important information.. You can call the camp nurse Theresa Gratton at 618 304-2231

Use the back if more space is needed

Parent's consent: I request my daughter/ward _____

Attend camp and participate in all phases of the activities. I/we agree to cooperate with all of the Girl Scouts Council's regulations. Further, Girl Scout Council has my/our permission to use photographs or videotapes of my/daughter/ward for whatever purpose they see fit, including web site, with no claim whatsoever on my/our part.

Signature of Parent/Guardian _____ Date _____

DEADLINE: **July 8, 2014** Amount Included for this sheet & Check # _____

Mail registration with health history form and check made out to Alton Godfrey GS Camp Camp to:
Marsha York
1110 Enos Lane
Godfrey, IL 62035



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA OF SOUTHWEST ILLINOIS
LIFE ADVENTURES
PARTICIPANT AGREEMENT AND MEDICAL RELEASE FORM**

Participant & Parent/Guardian Name: _____ / _____
(please print)

Initial below to indicate that you have read, understood, and agree to the section following your initials. Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

_____ I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be under the influence of any substance when participating in the challenge course program. I realize participating in any Life Adventures Programs while under the influence of a substance would endanger myself and others.

_____ I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and/or videotapes to be used by the YMCA of Southwest Illinois in training and/or promotional that I will not receive compensation for the use of such photographs and/or videotapes.

_____ I give my consent to the YMCA of Southwest Illinois and Life Adventures employees and to emergency medical personnel to treat me if they deem it to be medically necessary. I authorize YMCA of Southwest Illinois and Life Adventures staff to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.

_____ I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my Insurance Policy that occurs as a result of my participation in the challenge course program.

RELEASE OF LIABILITY

_____ I understand that Challenge Course/Climbing/Adventure Based activities are, by their nature, physically and emotionally demanding, and that participating in the challenge course program may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased hear or breath rates and/or physical contact with others.

_____ I understand that although the YMCA of Southwest Illinois and Life Adventures staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, bruises, crapes, fractures, dislocations, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of the YCMA of Southwest Illinois and Life Adventures and their employees.

_____ I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify a YMCA or Life Adventures employee if I have any concerns. YMCA of Southwest Illinois and Life Adventures practices the "Challenge by Choice" philosophy. This means, if I choose to physically participate in any activities, I voluntarily assume all risks associated with such participation.

_____ I understand that YMCA of Southwest Illinois and Life Adventures staff has the right to deny my participation and that it is my responsibility as a Participant to follow the instructions, guidelines and procedures established by the Facilitator(s)/Trainer(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s)/ Trainer(s), I realize that it is my responsibility to ask for clarification and/or assistance before any participation.

_____ I understand and assume all dangers and risks (both known and unknown) associated with my participation in the challenge course program and waive, release and discharge the YMCA of Southwest Illinois and their agents, officers and employees from all claims or causes of action arising from my participation. I do hereby release the YMCA of Southwest Illinois and Life Adventures and their agents, officers, and employees from any and all liability, even if arising from the negligence of the releases, and agree to indemnify and hold the YMCA of Southwest Illinois and Life Adventures harmless from any suits for any accidents, personal injury or loss of or damage to property, and from any legal fees and expenses incurred in the defense of same, arising as a direct or indirect result of participating in the challenge course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the health History form is complete and accurate to the best of my knowledge. (Please additionally complete the Health history Form prior to signing this document)

Participant Signature (Minors must sign)

Date

Parent/Guardian/Legal Representative Signature
(Required if Participant is under 18 years of age)

Relationship

Date

Emergency contact number _____

Girl and Adult Health History Card (and Medical & Photo/Voice Release)

Instructions

1. This card, signed by the parent or guardian, is needed prior to a girl participating in Girl Scout activities. This includes troop meetings, day trips, weekend camping trips, and one or two night troop trips. Adults are encouraged to provide their own Health History Card in case of an emergency.
2. Parents may wish to make a copy in case daughter participates in Girl Scout program events without her troop.

Name _____ Phone (____) _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Name of Parent or Guardian _____ Work (____) _____ Other (____) _____
 Family Physician Name _____ Telephone (____) _____
 Family Medical/Hospital Insurance Carrier _____ Policy# _____ Group# _____
 Preferred Hospital Name (include city) _____ Telephone (____) _____
 Date of Last Medical Exam _____ Are Immunizations Up To Date? _____ Date of Last Tetanus Immunization _____
 Current Medications (Identify medication and explain condition being treated) _____

Please check all that apply:

| | | | |
|--|--|--|---|
| <p>Since her last health exam has your daughter had:</p> <input type="checkbox"/> Serious injury requiring medical attention? <input type="checkbox"/> Treatment in a hospital or emergency room? <input type="checkbox"/> Exposure to a contagious disease? <input type="checkbox"/> Illness lasting more than 5 days? <input type="checkbox"/> Surgical operation or fracture? <input type="checkbox"/> Physical activity restriction? | <p>Allergies:</p> <input type="checkbox"/> Animals <input type="checkbox"/> Bee Stings <input type="checkbox"/> Food <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medicines/Drugs <hr/> <input type="checkbox"/> Plants <input type="checkbox"/> Pollen <input type="checkbox"/> Other (Specify) <hr/> | <p>Chronic or Recurring Illness:</p> <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infection <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Specify) <hr/> | <p>Other Health Conditions:</p> <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Constipation <input type="checkbox"/> Emotional Disturbances <input type="checkbox"/> Fainting <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Motion Sickness <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Special Dietary Regimen <input type="checkbox"/> Wears Glasses or Contact Lenses <input type="checkbox"/> Other (Specify) <hr/> |
|--|--|--|---|

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

Emergency Contact Name (other than parent) _____
 Relationship to Girl _____ Telephone(____) _____ This health history is complete and accurate. I know of no reason(s), other than the information on this form, why my daughter should not participate in prescribed activities except as noted. I understand that medication needing to be administered to my daughter during a Girl Scout activity must be given to the adult in charge along with written instructions and permission to administer the scheduled dosage(s).

Medical Release: In the event _____ becomes ill or sustains an injury while in the care of or under the supervision of **Girl Scouts of Southern Illinois** or any of its officers or leaders and it becomes necessary to seek professional medical treatment, I give my permission to the certified first aider to provide **First Aid and/or CPR** and to take the appropriate measures including contacting the **emergency medical services system** and arranging transportation to _____ or the nearest emergency medical facility to receive treatment by a licensed physician. I understand that every effort will be made to contact me or the person designated by me as my emergency contact. Yes No Initial _____

Photo/Voice Release: The council has my permission to make and use photographs, videos, and/or audio-tapes of my daughter, or any words written or spoken by her for the promotion of Girl Scouting. Yes No Initial _____

Signature of parent or guardian _____ Date _____
Typing your name here qualifies as a valid signature

Girl Scout Leader/Advisor—Keep cards with first-aid kit