



**CALLING ALL GIRLS  
ENTERING KINDERGARTEN –  
8<sup>TH</sup> GRADE IN AUGUST 2019**

## **Earth, Air, Fire, and Water Camp**

**Join us for a week of fun making friends, singing songs, doing crafts, playing games, shooting archery and learning cool things about the world we live in all while enjoying fresh air in a beautiful shaded park setting!**

## **Neffs Girl Scout Day Camp**

**You do not have to be in a girl scout troop to come to camp!**

**July 15<sup>th</sup> – 19<sup>th</sup>, 2019 from 9:00 a.m. to 3:30 p.m.**

**Cost is \$100.00 for the week.**

**Lunch is provided on Friday**

**Parent program on Friday at 3:15 p.m.**

**Email: [neffscamp@gmail.com](mailto:neffscamp@gmail.com) to register.**

**The Parkland School District does not sponsor or sanction this program/event/activity.**

Neffs Girl Scout Camp      Earth, Wind, Fire, and Water

July 15<sup>th</sup> – 19<sup>th</sup>, 2019      9:00 a.m. to 3:30 p.m.

Cost: \$100 per girl.

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Camper First Name:

Last Name:

Grade in School Fall 2019

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Email Address: This will be our means of communication.

Troop #

\_\_\_\_\_ Check here if you are entering 9<sup>th</sup>-12<sup>th</sup> grade, are a past camper of Neffs and received your PA training at Neffs and would like to be a Program Aide. **(No Cost to Attend)**

Program Aides must arrive at 8:15 a.m. Monday morning and 8:30a.m. Tuesday – Friday morning.

Please circle T-shirt size   Youth: S   M   L                      Adult: S   M   L   XL   XXL

**Please Read and Sign:**

I agree to cooperate with all regulations and understand that my camper will abide by all camp rules, and if she does not she may be sent home with no refund. I understand the camp cannot be responsible for loss of valuables. All camp fees must be paid in full at the time of registration and are non-refundable. I understand girls will be placed according to age level and troop #. Girls that are not in a troop will be placed according to age level. I understand that the Parent Consent and Health History form must be returned with the registration form and payment in order for my daughter to be guaranteed a spot at camp.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Non-registered girls: Please include \$25 non- refundable membership fee. (This will be sent to Girl Scout Council)

**Neffs Camp Registrations must be received by May 1, 2019.**

Please mail registration form, parent consent and health history form,  
and check payable to Neffs Day Camp to:

**Shelley Pringle 4157 Roosevelt St. Whitehall, PA 18052**

Registrar use only      Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

## GIRL SCOUTS OF EASTERN PENNSYLVANIA PARENT CONSENT AND HEALTH HISTORY RECORD

This health history is to be completed and signed by the parent/guardian of the girl and kept with troop records.  
Health histories may be used for adults that travel with girls but are not required for adults.

|                                   |                |      |
|-----------------------------------|----------------|------|
| Name of Child:                    | Date of Birth: | Age: |
| Address:                          | Troop No.:     |      |
| Parent/Guardian:                  |                |      |
| Home Address:                     |                |      |
| Business Address:                 |                |      |
| Home Phone:                       | Work Phone:    |      |
| E-mail Address:                   | Cell Phone:    |      |
| <b>In Emergency Notify:</b> Name: |                |      |
| Address:                          |                |      |
| Relationship:                     | Phone:         |      |
| Name of Family Physician:         | Phone:         |      |
| Family Medical/Hospital:          |                |      |
| Policy Number:                    | Group Number:  |      |
| Insurance Carrier:                |                |      |

**Authorizations:** I (We), the custodial parent(s)/legal guardian(s) give my (our) permission for:

- Name of Girl Scout: \_\_\_\_\_
- ☐ Yes ☐ No    1. I/We acknowledge that the resident will accept the Girl Scout promise and law.
- ☐ Yes ☐ No    2. My/our daughter/ward to attend scheduled activities of her troop/group.
- ☐ Yes ☐ No    3. The Girl Scout Council to use any photograph or video/audio recording in which my daughter/ward appears for promotional purposes.
- ☐ Yes ☐ No    4. My/our daughter/ward to receive medical treatment by a leader, first-aid, EMT, nurse, doctor or hospital if necessary. It is understood that the adult in charge or her designate will attempt to contact me. If you check "No" to #4, please read and complete the following.
- ☐    5. I/We have religious objections to our daughter/ward receiving certain types of medical treatment. We have attached specific written instructions on what is and is not allowed.\*

\*I understand that if an emergency occurs and the local police or other similar authorities take custody of my daughter/ward, Girl Scouts of Eastern Pennsylvania cannot guarantee that my instructions stated in the above medical authorizations or attached instructions will be followed. **Date of last medical exam:** \_\_\_\_\_

**Immunizations:** ☐ Yes ☐ No    I certify my child is up-to-date on all immunizations required to attend school in Pennsylvania. **If not immunized, please attach explanation.**

|           |                               |
|-----------|-------------------------------|
| Signature | Date of last Tetanus Booster: |
|-----------|-------------------------------|

## Medical History

Does your daughter have a diagnosed physical or mental condition/disability that requires an accommodation?

☐ Yes ☐ No **If yes, please describe and indicate accommodations needed:**

Girl Scout volunteers and staff may not be trained to provide for all needs; a parent or adult family member may be requested to attend some events with a Girl Scout who requires special care.

**Allergies** *(Check those that apply and specify nature of allergic reaction.)*

☐ Animals

☐ Medicines/Drugs

☐ Food

☐ Plants

☐ Hay fever

☐ Insect Stings

☐ Pollen

☐ Other

Please indicate any information useful to the adult in charge. Also, indicate any activities to be encouraged or restricted:

The Council gives high priority to ensuring the safety of girls attending Girl Scout activities. Girls must be supervised by adults during all meetings and events. Please indicate your instructions below regarding your daughter leaving meetings or activities:

☐ My/our daughter/ward has my permission to walk home from Girl Scout meetings/activities.

☐ I or the person(s) listed below will pick up my daughter/ward from meetings/activities.

Name:

Relationship to child:

Phone:

Name:

Relationship to child:

Phone:

**Note:** 1. Any changes to the above instructions must be given to the troop leader in writing.

2. If your daughter is not picked up within fifteen minutes of the specified dismissal time, the troop leader will attempt to contact you and/or your listed emergency contact person.

**I have read and understand the pick-up and emergency procedures. I verify that all the above information is true and correct to the best of my knowledge and belief.**

Parent/Guardian Signature

Date