

Two Rivers Day Camp 2024 Registration July 29 – August 2, 2024



*One form per family Last Name(s):											
Address:	City: State: Zip:										
Parent/Guardian Name:		Home Phone Number:									
Work Phone Number:		Cell Phone Number:									
Parent/Guardian Name:		Home Phone Number:									
Work Phone Number:	Cell Phone Number:										
Primary/Parent's Email: * We will be contacting you multiple times through this email. Please check it often!											
Youth Staff Email:		Youth Staff Cell Phone:									
Youth Staff Email:		Youth Staff Cell Phone:									
** All mailings, including confirmation and packing list, will be sent via email unless checked below ** I don't have email access, please mail info to me											
Emergency (Non-parent) Contact Name:											
Phone Number: Cell Phone:											
Relationship:											
Please fill in chart for EVERY perso (including adults & siblings)	y Camp	F all oling ge)	I am a:		ed (Se)			ee * * * * * * * * * * * * * * * * * *			
Service Unit:			e in l (for sil list a _l	Camper (going into 1-6 gra Youth Staff (going into 7-	ade) -12	GSUSA Registered check for yes)		night or o	rt Size** " none" no shirt)		
First Name Last	: Name	Troop#	Grade in Fall 2024 (for sibling care, list age)	grade) Adult (18+ as of 10/1/23)		Reg (chec		Over-night (5th grade or older)	T-Shirt Size** (select " none" for no shirt)		

*** ALL adults volunteering at Day Camp MUST be registered and have completed a free online background check (link on website). There is no charge for adult volunteers to attend camp.

Campers will be placed in units based on age, if you need special considerations, please list on back of this form.

^{**}T-shirts come in Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult X-Large, Adult XX-Large (\$2.00 more for Adult XX-Large), Adult 3X-Large (\$3.00 more for Adult 3X-Large)

	Adults: Days	S Available: Moi	n L	Tue	Wed	Thu	rs Fri [Overni	ight		
		Rele	ase	& Busing	Autho	rizat	ion				
Bus)		tation to/from can so fill out section 2, ot g a picture ID.									
	nday	Tuesday		Wednesda	У	Thu	rsday	Fric	Friday		
		-			-		-		-		
		y is arriving/leaving di uesday, no sibling co			e note in	the lin	es below: (ex:	camper ta	king bus, mo	om	
Sect	ion 2: Drop off/	Dick up from bus	ston	arrangement	e: Comp	loto for	overy day ridir	na the bus			
	Section 2: Drop off/Pick up from bus stop arrangements: Complete for every day riding the bus Monday Tuesday Wednesday Thursday Friday										
	·····	. accaay			<i>y</i>	1116	. o diai y	1 110	,		
	ion 3: Release A	Authorization: Thi	s rele	ease is valid fo	r all chil	dren w	vho are attend	ding Day	Camp as		
		her children may be re besides custodial p							of the followi	ing	
Nan	ne					Cell Phone		Relation	on		
		child(ren) to the fo	ollow	ving:							
Nan	ne						Relation				
	•	uddy my camper(s)		• •	-		•	ddy per c	amper):		
*Both buddies must list each other & be in same Camper Name			_	Camper Troop # Budd			ne unit.		Buddy Troop #		
Pro					-						
					l				l		
Wha	•	nd Assistants: prefer to work wit our preferred unit)	h? ([Daisy, Brownie	, Junior) (Altho	ugh we will consid	er your prefe	rences, we can	not	
Ac	lult/Youth Staff Name	Camp Nickname – « "Boo-Boo"	ex:	1 st Choice	2 nd Ch	oice	3 rd Choice	Please s	pecify for "O	ther"	
	_										

Adults:					Youth Staff:							
Please check below all you have completed & current. All adults MUST complete a GSUSA background check.					Please fill in dates you have completed the following:							
adults MUST co	omplete a (GSUSA	SUSA	a packground o	cneck.	 	Program		I				
	back- Camp-					Aide PLUS	S/					
Adult's Name	ground fire First Aid & CPR & Ex			CPR & Exp.	Youth Staff's	Program	Junior	Caddia	Senior	Cadoodles		
Adult 5 Name	check	traine	ed Exp. date	uate	Name	lame Aide Caddie Caddie Caddie				Cadoodies		
		+										
Camp & Registration Fees (must be included with registration to be processed)												
			Quantity	Price E	ach	Total						
Cam	per Fee	(Inclu	des T-Shirt) Y	outh Staff dor	n't need to pay this			\$125.	\$			
You	ıth Staff	Fee	(Includes T-shir	t) This is or	nly for Youth Staff			\$25.0	00	\$		
			olunteer (n		•			\$0.0	Free			
Overnig					r Campers & Youth	Staff		\$15.0	\$			
		Adu	lt Overnig	ht (No fee)				\$0.0	0	Free		
Adult/Sibling T-Shirt Fee (For adult volunteers or siblings who wish a T-shirt) \$11.00 (\$13 for 2XL, \$14 for 3XL)										\$		
			Late	Fee (for a	ny registrations rec	eived after J	une 15, 2020)	\$25.0	00	\$		
								Sul	ototal	\$		
		J	Juliette Cre	edits/Fall	FUNds/Coo	kie Cre	dits/Cooki	e Bonus l	Used	- \$		
Discour			Discount Co	ode(s):		dead	All adults th	at pre-registe /e an email w		-\$		
	Volunt						disc	ount code & a	amount.	Ť		
Campership Applied For (Grant application must be filled out & included with paperwork. You MUST include non-refundable \$10.00 application fee – include in the TOTAL DUE listed below)										- \$		
			TC	TAL DU	E (make chec	k out to	TWO RIVE	RS DAY C	AMP)	\$		
TOTAL DUE (make check out to TWO RIVERS DAY CAMP) Parent or Guardian, please complete the following:								<u>, , , , , , , , , , , , , , , , , , , </u>	1			
			-	_		Day Camn	and to particin	ate in the act	ivities I h	nave read		
I give my full permission for my Camper(s)/Youth Staff(s)/sibling(s) to attend Day Camp and to participate in the activities. I have read and understand the Day Camp information and agree to cooperate with all of the regulations. I also give my permission for my												
child(ren) to be photographed for Girl Scout purposes. I understand that I am responsible for getting my child(ren) to and from the bus												
` '						•		• , ,				
stop unless otherwise arranged in advance and in writing with the Day Camp staff. I will not allow her/them to attend if she/they becomes exposed to any contagious disease (this includes head lice), or if for any reason, I do not consider her/them to be in good												
physical condition. I give my permission for my child(ren) to receive necessary medical attention at a hospital or from the Camp Health												
Supervisor or designee.												
Signature: _						Date	e:					
Adult volunteers, please complete the following: Mail Registrations, Healtl									s. Health	Forms.		
I have read and	understand	d the D	ay Camp infor	mation and	agree to coopera	te with all		ation Forms				
the regulations.	I give perm	nission	to be photogra	aphed for Gi	rl Scout purposes	s. I give		Two Rivers	Day Ca			
permission to receive necessary medical attention at a hospital or from the Camp Health Supervisor or designee. Every adult listed on the form must sign. 20918 Ghia St NE Fast Bethel, MN 55011												
Supervisor or de	Supervisor or designee. Every adult listed on the form must sign. East Bethel, MN 55011											
Signature: Date:												

Signature: _____ Date: _____