

## Two Rivers Day Camp 2023 Registration August 2 - 4, 2023



| *One form per family Last Name(s):             |  |                                      |   |  |                                  |  |         |                                 |  |  |  |  |
|--|--|--------------------------------------|---|--|----------------------------------|--|---------|---------------------------------|--|--|--|--|
| Address:                                       |  | _City:                               |   | _ State:   |                                  |  | Zip:    |                                 |  |  |  |  |
| Parent/Guardian Na                             | me:  | Home Phone Number:                   |   |  |                                  |  |         |                                 |  |  |  |  |
| Work Phone Number                              | er:  | Cell Phone Number:                   |   |  |                                  |  |         |                                 |  |  |  |  |
| Parent/Guardian Na                             | me:  | Home Phone Number:                   |   |  |                                  |  |         |                                 |  |  |  |  |
| Work Phone Number                              | er:  | _ Cell Pho                           | one Number:   |  |                                  |  |         |                                 |  |  |  |  |
| Primary/Parent's Em                            | nail:<br>eting you multiple times  | s through th                         | nis email.  | Please check it often  | !                                |  |         |                                 |  |  |  |  |
| Youth Staff Email:                             |  | _ Youth S                            | Youth Staff Cell Phone:                               |  |                                  |  |         |                                 |  |  |  |  |
| Youth Staff Email:                             |  | Youth Staff Cell Phone:              |   |  |                                  |  |         |                                 |  |  |  |  |
|  | s, including confirmation I don' I contact Name:   | t have email                         | l access, p   | lease mail info to me  |                                  |  | ed b    | elow *                          | *  |  |  |  |
|  | ,  |                                      |   |  |                                  |  |         |                                 |  |  |  |  |
|  |  |                                      |   |  |                                  |  |         |                                 |  |  |  |  |
| Diagon fill in about for F                     | TVEDV name on attending De   | 0.000                                |   |  |                                  |  |         |                                 | 1  |  |  |  |
|  | EVERY person attending Da<br>ings)   |                                      | <b>Fall</b><br>oling<br>ge)                           | I am a:  |                                  | , <del>g</del>                         | (es)    | der)                            | # "= (T                                      |  |  |  |
| Service Unit:                                  |  |                                      | <b>le in</b> l<br>(for sil<br>, list a                | Camper (going into 1-6 youth Staff (going into                 | grade)<br>7-12                   | SUSA                                   | X tor ) | inignt<br>or ol<br>k for y      | irt Siz<br>t "no<br>no shi                   |  |  |  |
| First Name                                     | First Name Last Name   |                                      | Grade in Fall<br>2020 (for sibling<br>care, list age) | grade) <b>Adult</b> (18+ as of 10/1/2                          | 2) ***                           | GSUSA<br>Registered<br>(check for yes) |         | grade or older) (check for yes) | T-Shirt Size** (select " none" for no shirt) |  |  |  |
|  |  |                                      |   |  |                                  |  |         | ++                              |  |  |  |  |
|  |  |                                      |   |  |                                  |  | H       | ++                              |  |  |  |  |
|  |  |                                      |   |  |                                  |  |         |                                 |  |  |  |  |
|  |  |                                      |   |  |                                  |  |         |                                 |  |  |  |  |
|  |  |                                      |   |  |                                  |  |         |                                 |  |  |  |  |
| Large, Adult XX-Lar<br>*** ALL adults vo<br>ch | outh Small, Youth Med<br>ge (\$2.00 more for Adu<br>plunteering at Day Cam<br>eck (link on website). T | Ilt XX-Large  p MUST be  There is no | e), Adult 3<br>e registere<br>charge fo               | X-Large (\$3.00 more d and have complete r adult volunteers to | for Adul<br>d a free<br>attend o | t 3X-<br>onlir<br>camp                 | Larg    | ge)<br>ackgr                    | ound   |  |  |  |
| · ·  | placed in units based or   | n age, if you                        | <del></del>   |  |                                  |  |         |                                 | orm.   |  |  |  |
| Adults: Da                                     | ys Available:  |                                      | We  | d Thurs F  | ri                               | Over                                   | nigh    | t                               |  |  |  |  |

|   |                              | Kelea                | <u>ase</u> | & Busing                                | <u>Autho</u>       | <u>rızat</u> | ion                    |                            |                   |  |
|---|------------------------------|----------------------|------------|---|--------------------|--------------|------------------------|----------------------------|-------------------|--|
| Section 1: Transpo  |                              |                      |            |   |                    |              |                        |                            |                   |  |
| picture ID.   |                              |                      |            | Wednesda                                | ١V                 | Thu          | rsday                  | Fric                       | lav               |  |
| Oxbow Creek Elementary /  |                              |                      |            |   | ,                  |              | <i>,</i>               |                            | J                 |  |
| Oak Grove City Hall   |                              |                      |            |   |                    |              |                        |                            |                   |  |
| If someone in the fami<br>driving separately on                   |                              |                      |            |   | ke note in         | the lin      | es below: (ex:         | camper ta                  | king bus, mom     |  |
| Section 2: Drop off   | /Pick up fro                 | m bus s              | top        |   |                    |              |                        |                            |                   |  |
|   |                              |                      |            | Wednesda                                | y Thursday         |              | rsday                  | Fric                       | lay               |  |
| Parent/Guardian   |                              |                      |            |   |                    |              |                        | İ                          |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
| Section 3: Release<br>Campers, Youth Sta<br>My Girl Scout may b   | e released to                | emergen<br>guardians | cy co      | ontact I have list<br>isted on this reg | ted on pa          | ge 1 oi      | r any of the foll      | lowing bes                 | ides custodial    |  |
| Name  |                              | Home                 | e P        | hone                                    | Cell               | Phor         | ne e                   | Relation                   | on                |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
| Do NOT release my   | / child(ren)                 | to the fo            | llow       | /ing:                                   |                    |              |                        |                            |                   |  |
| Name  |                              |                      |            |   |                    |              | Relation               |                            |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
| Campers – Please I  | • •                          |                      |            | •                                       | •                  |              | •                      | ddy per c                  | amper):           |  |
| Camper Name   |                              |                      | Cai        | <u> </u>                                |                    | Buddy Name   |                        |                            | Buddy Troop #     |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |
|   |                              |                      | l          |   | ı                  |              |                        |                            | <u> </u>          |  |
| Adults, Caddies a What levels do you guarantee you will be with y | prefer to wour preferred uni | ork with             | •          | Daisy, Brownie                          | e, Junior)         | (Althou      | ugh we will consid     | er your prefe              | rences, we cannot |  |
| Adult/Youth Staff<br>Name   | Camp Nick<br>"Boo            | name –  e<br>-Boo"   | х:         | 1 <sup>st</sup> Choice                  | 2 <sup>nd</sup> Ch | oice         | 3 <sup>rd</sup> Choice | Please specify for "Other" |                   |  |
|   |                              |                      |            |   |                    |              |                        |                            |                   |  |

| Adults:  |                     |               |                                       |                 | Youth Staff:         |                      |                  |                                       |             |           |
|--|---------------------|---------------|---------------------------------------|-----------------|----------------------|----------------------|------------------|---------------------------------------|-------------|-----------|
| Please check be  | low all voi         | ı have c      | ompleted & a                          | current All     | Please fill in dat   | tes vou have         | e completed th   | ne following:                         |             |           |
| adults MUST co   |                     |               |                                       |                 | 1 10000 1111 111 001 | ioo you nave         | o completed ti   | io ionownig.                          |             |           |
|  | GSUSA               |               |                                       |                 |                      | Program              | ,                |                                       |             |           |
|  | back-<br>ground     | Camp-<br>fire | First Aid &                           | CPR & Exp.      | Youth Staff's        | Aide PLUS<br>Program | / Junior         |                                       | Senior      |           |
| Adult's Name   | check               | trained       | Exp. date                             | date            | Name                 | Aide                 | Caddie           | Caddie                                | Caddie      | Cadoodles |
|  |                     |               |                                       |                 |                      |                      |                  |                                       |             |           |
|  |                     | +++           |                                       |                 |                      |                      |                  |                                       |             |           |
|  |                     | +++           |                                       |                 |                      |                      |                  |                                       |             |           |
|  |                     | ++            |                                       |                 |                      |                      |                  |                                       |             |           |
|  |                     |               |                                       |                 |                      |                      |                  |                                       |             |           |
|  |                     |               |                                       |                 |                      |                      |                  |                                       |             |           |
| Cam  | n & P               | Pagis         | stration                              | Foos            | (must be i           | n aludad u           | ith registre     | tion to be no                         |             | ۹/        |
| Cali   | ιρ α ι              | egis          | sti atioi                             | 11663           | (must be i           | nciuaea w            |                  | tion to be pr                         |             | •         |
|  |                     |               |                                       |                 |                      |                      | Quantity         | Price Ea                              |             | Total     |
| Cam  | per Fee             | (Include      | es T-Shirt)                           | Youth Staff do  | n't need to pay this |                      |                  | \$100.0                               | \$          |           |
| You  | th Staff            | Fee (         | Includes T-shi                        | rt) This is o   | nly for Youth Staff  |                      |                  | \$20.00                               | \$          |           |
|  | Ad                  | ult Vo        | lunteer (r                            | o T-shirt inclu | •                    |                      |                  | \$0.00                                | Free        |           |
| Overnial   |                     |               | · · · · · · · · · · · · · · · · · · · |                 |                      | 01-11                |                  | \$15.00                               |             | \$        |
| Overnight Fee (5th grade & older only) Cost applies for Campers & Youth Staff  Adult Overnight (No fee)  |                     |               |                                       |                 |                      |                      |                  | · · · · · · · · · · · · · · · · · · · |             | •         |
|  |                     | Adui          | Overnig                               | nt (No fee)     |                      |                      |                  | \$0.00                                |             | 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 any registrations received after June 19, 2023) \$25.00  |                     |               |                                       |                 |                      |                      |                  |                                       |             | \$        |
|  |                     |               |                                       |                 |                      |                      |                  | Sub                                   | total       | \$        |
|  |                     | Jı            | uliette Cr                            | edits/Fal       | I FUNds/Cod          | okie Cred            | dits/Cooki       | e Bonus U                             | Jsed        | - \$      |
| Discoun  | nt for Ac           | dult [        | Discount C                            | ode(s):         |                      |                      |                  | at pre-register                       | by the      | ÷         |
| Volunteer deadline will receive an email with their discount code & amount.  |                     |               |                                       |                 |                      |                      |                  |                                       |             | -\$       |
| 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)   |                     |               |                                       |                 |                      |                      |                  |                                       |             | - \$      |
| TOTAL DITE (make check out to TIMO DIVEDS DAY CAMP)  |                     |               |                                       |                 |                      |                      |                  |                                       | MP)         | \$        |
| TOTAL DUE (make check out to TWO RIVERS DAY CAMP)  |                     |               |                                       |                 |                      |                      |                  |                                       | Ψ           |           |
| Parent or Gua  | rdian, ple          | ease co       | mplete the                            | e followina     | •                    |                      |                  |                                       |             |           |
|  |                     |               | -                                     | _               |                      | Dav Camp             | and to particing | pate in the activ                     | vities. 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 de   | esignee.            |               |                                       |                 |                      |                      |                  |                                       |             |           |
| Signature: Date:   |                     |               |                                       |                 |                      |                      |                  |                                       |             |           |
| Adult valuetana place complete the Callegate   |                     |               |                                       |                 |                      |                      |                  |                                       | Haalth      | Forms     |
| Adult volunteers, please complete the following:  I have read and understand the Day Camp information and agree to cooperate with all  Medication Forms & pay  |                     |               |                                       |                 |                      |                      |                  |                                       |             |           |
| the regulations. I give permission to be photographed for Girl Scout purposes. I give  Two Rivers Day C  |                     |               |                                       |                 |                      |                      |                  |                                       |             |           |
| permission to receive necessary medical attention at a hospital or from the Camp Health 20918 Ghia St NE   |                     |               |                                       |                 |                      |                      |                  |                                       |             |           |
| Supervisor or de   | esignee. <b>E</b> v | very adı      | ılt listed on                         | the form m      | ust sign.            |                      |                  | <b>East Bethel</b>                    |             | 011       |
| Signature:   |                     |               |                                       |                 |                      | Date                 | <u> </u>         |                                       |             |           |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_