

MURFREESBORO GIRL SCOUT DAY CAMP 2017

Girl Scouts of Middle Tennessee

"Peace, Love and Piedmont"

DATE: June 26-30, 2017

TIME: 9:00 a.m. - 3:00 p.m.

PLACE: Camp Piedmont, Murfreesboro (out Woodbury Hwy.)

DIRECTOR: Cindy Robinson

FEES: Early bird registration by May 15 - \$85

Registration fee from May 16 through June 1 - \$100

Non-scouts *special* - add \$7.50 to register

Financial Aid is available for active, registered Girl Scouts - for information, contact Cindy Robinson or your child's troop leader.

FINAL DATE FOR REGISTRATIONS: Thursday, June 1, 2017

Registrations must be postmarked by this date.



WHAT TO WEAR: comfortable outdoor clothing, socks and shoes

NO HALTER TOPS, CROP-TOPS, or SANDALS, PLEASE

CAMP ACTIVITIES: crafts, games, songs, outdoor skills, outdoor cooking, nature activities, sleepover for the Cadette units, water fun day, and a special celebration of Piedmont's 50th Anniversary!

REFUND POLICY: Refunds may be given only upon receipt of a medical statement signed by a physician.

TO REGISTER, SEND FEE AND REGISTRATION FORM TO:

Cindy Robinson, 717 East Burton Street, Murfreesboro, TN 37130

MAKE CHECKS PAYABLE TO: Girl Scout Day Camp #25

DAYCAMPER REGISTRATION 2017

Registration Procedure. Please PRINT clearly. Please use a separate registration form for each child. Detach and mail registration, along with your check, to the address indicated above. If non-Scout, please add \$7.50. Fee does not apply to full-time volunteer staff children. Please complete and sign the Health Information form on the other page. Before mailing, please check to see that you have signed both pages, and indicated child's tee shirt size.

1. Camper's Name _____ 2. Home Phone Number _____

3. Address _____ City _____ State _____ Zip Code _____

4. Parent's/Guardian's Name _____

5. Cell Phone Number _____ Work/Daytime Number _____

6. Family email address _____

7. Emergency Contact (Other than Parent) Name _____

Phone _____ Relationship to camper _____

8. Day Camp Name: Murfreesboro Day Camp Session Dates: 6/26 - 6/30, 2017

9. Troop Number _____ 10. Service Unit Number _____ 11. School _____

12. No. of years attending Day Camp _____ 12. Parent(s) working at Camp? _____ Yes _____ No

14. Age _____ 15. Birthdate _____ 16. School grade in September _____

17. Registered Girl Scout Program level next fall:

_____ Daisy _____ Brownie _____ Junior _____ Cadette _____ Non-Scout Other: _____ Tagalong _____ Boy

18. I give permission for my child to attend Girl Scout Day Camp and participate in all activities.

Girl Scouts (local and national) _____ may _____ may not use films or photographs which contain pictures of my child and/or audio recordings of her voice. I authorize emergency treatment for my child if needed.

19. Circle tee-shirt size: Youth: sm (6-8) med (10/12) lg (14) Adult: sm (34/36) med (38/40) lg (42/44) xlg (46)

Signed (Parent or Guardian) _____

Date: _____

GIRL SCOUTS OF MIDDLE TENNESSEE

DAY CAMP 2017

"Peace, Love and Piedmont"

This summer our Day Camp will be celebrating the 50th Anniversary of Camp Piedmont! It's going to be fun to step back to 1967 and enjoy some of the activities from that time. The Junior and Cadette units will get to earn and receive an actual 1960s vintage badge! Of course, we will enjoy our regular camp program of crafts, games, songs, and outdoor activities! It's going to be an exciting, fun-filled week with new skills, new friends, old favorites and wonderful memories - and we want our families to join us for a special celebration party on Friday!!! Be sure to mark your calendars!



Day Camp is a unique experience that makes a distinct, lasting impression on a girl's life. A week of camp may equal more than five months of weekly troop meetings. All girls are encouraged to make camp a part of the total Girl Scout experience. Non-Girl Scout friends can share in the fun at camp by paying an additional \$7.50 fee. This fee is applied to national membership dues, registering these girls through September 30, 2017.

Our Girl Scout Day Camp is entirely staffed by volunteers. Can you spare some time and invest in camp? The rewards for volunteering include fellowship, seeing all those happy smiling faces, having fun, having your children attend camp free (if you work all week) and feeling wonderful inside knowing you made a difference in so many lives. Don't worry about needing to be an expert to work at camp, because training is provided by the camp director. Our camp even has special units available for preschool children/school age sons of the camp staff. Financial aid is available to active, registered Girl Scouts. You may contact your troop leader for more information, or call Cindy Robinson at 895-6028 or email gsgonebad@yahoo.com

So don't delay! Register today! Why not plan to come to camp yourself as a volunteer!

We invite you to "friend" our Facebook page! Check us out on Facebook under "Murfreesboro Girl Scout Day Camp".

PARTICIPANT HEALTH INFORMATION

Emergency contact other than parents/guardians:

Name _____ Relationship _____

Address _____ Area Code/Phone _____

Camper's Family Physician _____ Area Code/Phone _____

Family Medical Insurance carrier _____ Policy or group number _____

Please list any health conditions that we need to be aware of, such as: allergies, chronic or recurring illnesses, medications, etc. Please explain any conditions indicated. Also indicate any restricted activities. List any over the counter medications that we may administer to the camper.

"HEALTH INFORMATION PRIVACY STATEMENT"

The Health Information is for health care concerns at Day Camp only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health form will be retained by the sponsoring Council or GSUSA until it is destroyed. All forms or records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited but copies may be requested from the event sponsor, by the participant or their legal representative.

I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I know of no reason(s) other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted.

Signature of Parent/Guardian _____

Date _____