

# 2021 MAURY COUNTY DAY CAMP - camp info

## Enchanted Woods

DATE: June 7 – 11, 2021

FEES: \$115 per Girl Scout \*\*\*Girls entering 1<sup>st</sup> thru 7<sup>th</sup> grades  
Registrations received between 4/26/21 & 5/15/21

TIME: 8:30 AM to 3:30 PM  
Monday thru Thursday



**EARLY BIRD FEES: \$75.00** → **MUST register BEFORE April 26, 2021**

**DCA & PA fees are listed on ADULT/PA/DCA REGISTRATION form**

LOCATION: Chickasaw Trace Park off Highway 7 (Santa Fe Pike)

DIRECTOR: Christy Mash

REGISTRAR / FINANCE: Amarie Hundley 931-446-1541 [mcdcaycamp@gmail.com](mailto:mcdcaycamp@gmail.com)

\*\*\*Day Camp Aides (DCA's) entering 8<sup>th</sup> grade and Program Aides (PA's) → entering 9<sup>th</sup> – 12<sup>th</sup> (must have completed LIA, PA core & DC specialty training before camp starts) must complete the **ADULT/PA/DCA registration form**.

**TO REGISTER:** Make check payable to: **MAURY COUNTY DAY CAMP** (indicate campers name on the FOR line of your check)  
Mail form & check/MO to: **MAURY COUNTY DAY CAMP, 817 APPOMATTOX PL, FRANKLIN, TN 37064**

There will be a \$30 fee charged for any returned checks. - returned checks may delay or cancel your daughter's camp registration.

An Enchanted Woods confirmation packet with specific details will be **EMAILED** approximately 7 - 10 days prior to camp, including lists of what to bring, what to wear, camp activities (crafts, games, songs, outdoor skills, nature activities, badge work and much more), COVID protocols, and a map to camp. Please provide an email address you check regularly. If you do not have an email address, the confirmation will be sent to your daughter's troop leader.

**Camp begins each day at 8:30 AM.** Campers may NOT be dropped off before 8 AM. Campers will be dismissed **after** closing flag ceremony at **3:30 PM** Monday thru Thursday. Parents, please wait in the car rider line at camp until girls are dismissed.

**If your child has any food allergies, please be sure they are listed in the Health History section of the registration form.**

**All applications MUST be received by April 26, 2021, to qualify for the EARLY BIRD FEE.** *Full fee must accompany any applications received after 4/26/21.* All fees must accompany the application. Full refunds may be requested until May 16, 2021. Patches, t-shirts and some crafts are subject to availability on registrations received after May 15, 2021. After 5/15/21, refund requests will be considered if accompanied by a signed medical statement. **ANY refunds** will be issued *after* camp ends and may have the cost of craft materials, t-shirt etc that were pre-ordered/purchased in bulk, deducted from that amount. In some cases those materials/supplies will be available for that girl.

ANY PARENTS / GUARDIANS / ADULTS wishing to volunteer at camp should contact Amarie (text 931-446-1541 or [mcdcaycamp@gmail.com](mailto:mcdcaycamp@gmail.com)) **immediately.** Submit the completed **Adult/PA/DCA registration form** to the address on the form. Adults may volunteer for 1–4 days.

**Our camp is volunteer powered.** Adults are needed for Unit Leaders, Unit Team members, Crafts Coordinator, and Camp Nurse. Each unit must have a minimum of 2 adults (based on girl/adult ratios per Safety Wise). Staff manuals, programming, and supplies are provided for unit team members. Planning sessions for **volunteer staff** will be on **Monday May 17<sup>th</sup> from 6PM til 8PM** at Columbia 1<sup>st</sup> UMC, 222 W 7<sup>th</sup> St., in the Fellowship Hall. **DCA's & PA's are welcome to attend, but not required.** **ALL STAFF, DCA's and PA's MUST attend camp prep day on Sunday, June 6<sup>th</sup> 2 PM til 4 PM at Chickasaw Trace Park**

Maury County Day Camp will have COVID safety protocols in place during the 2021 Summer Camp in order to host camp. Complete protocols will be provided to all families with the emailed confirmation packet. At a minimum, MCDC will require EVERYONE at camp to wear a mask at all times. We will be taking the scouts' temperature on arrival EVERY DAY. If a fever is found, the child will not be allowed to stay that day. Her health is our priority! We will be staying in units (pods) and social distancing. Hand washing and use of hand sanitizer will be required. Most supplies at camp (craft materials, etc.) will not be shared between campers and we will have take home kits in case a camper is unable to attend due to illness or quarantine.

# CAMPER REGISTRATION 2021

# Enchanted Woods

**GIRL CAMPER**

**TAGALONGS**

**PLEASE PRINT CLEARLY** Fill out all lines on the registration form. One form for each child attending Day Camp. Mail this form and your check/money order payable to Maury County Day Camp to MC DAY CAMP, 817 Appomattox Pl, Franklin TN 37064 →BY April 26, 2021 for Early Bird discount. Full fee due on forms mailed after April 26<sup>th</sup>. Please be sure you have signed the form and enclosed your signed check or money order.

**\*\*\*\* Day Camp will not happen without volunteers!!!! Volunteer Staff must complete the ADULT/PA/DCA registration form.**

Parents working at camp?  YES  NO

If yes, which days? MON TUES WED THURS

**Please circle T-shirt size:** YOUTH: YXS YS YM YL ADULT: AS AM AL AXL A2X A3X A4X

Camper's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents/Guardians Name(s): \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Parents/Guardians Name(s): \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Email address: \_\_\_\_\_ (Confirmation & other camp communications will be sent here)

Registered GS? Yes / No IF YES → SU# \_\_\_\_\_ Troop # \_\_\_\_\_ Leader: \_\_\_\_\_

**HEALTH HISTORY:** Campers Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Entering School grade **NEXT** year \_\_\_\_\_

### EMERGENCY contact if parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Allergies (Specify nature of allergic reaction) \_\_\_\_\_

Animals  Hay Fever  Food  Insect Stings  Pollen  Meds/Drugs  Plants  Other \_\_\_\_\_

Please explain any condition(s) which would restrict the camper's activities: \_\_\_\_\_

My daughter will be bringing prescribed medications to camp in prescription bottle with the dosage / dispensing instructions listed. This bottle will be in a zip lock baggie with the camper's name clearly marked on the bag and will be given to the camp nurse / health supervisor / unit leader upon arrival at camp each day.

My daughter has permission to take or use the following:  Tylenol/acetaminophen  Advil/ibuprofen  Sudafed/decongestant  
 Benadryl/antihistamine  Pepto Bismol  Tums/antacid  Robitussin/expectorant  Swimmers Ear/alcohol-vinegar solution

**Camper's weight \_\_\_\_\_ (for dosage requirements)**

### PLEASE INITIAL

- \_\_\_\_\_ My camper's immunizations are current and up-to-date according to Board of Education requirements
- \_\_\_\_\_ This health history is correct, and except as noted, I know of no reasons why my child should not participate in camp activities.
- \_\_\_\_\_ I give permission for my child to attend Maury County Day Camp and participate in all activities including water day.
- \_\_\_\_\_ Girl Scouts (local & national) may use films, photographs or recordings of my child.
- \_\_\_\_\_ I authorize emergency treatment for my child (or me) if needed and I agree to the release of any records (myself or my daughter) necessary for treatment, referral, billing or insurance purposes.

### HEALTH INFORMATION PRIVACY STATEMENT

The Girl Health Record is for health care concerns at the specified event 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/records with noted treatment will be retained for seven years (for minors, 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.

Signed (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I understand all fees are due and payable with this registration form and I will owe an additional \$30 if my check is returned for any reason.  
(please initial)

# Adult/PA/DCA registration 2021



- Adult Volunteer**                       **PA (program aide)**  
 **DCA (day camp aide-** no spec trng) **PA's** → **\$20 camp fee** (entering 9<sup>th</sup> -12<sup>th</sup>) PA Core training taken (date) \_\_\_\_\_  
 (entering 8<sup>th</sup> grade and up) **DCA's & PA's** → **Entering grade NEXT** year \_\_\_\_\_ Troop # \_\_\_\_\_  
**DCA fee \$35 before 4/26 -- \$55 after 4/26** PA's → **MUST attend DC Specialty training & review** → **Saturday June 5<sup>th</sup> 10am – 3pm**

**Please circle T-shirt size:**      **YOUTH:**    YS   YM   YL      **ADULT:**    AS   AM   AL   AXL   A2X   A3X   A4X

**Circle the days YOU WILL WORK AT CAMP →      MON   TUES   WED   THURS**

**STAFF, DCA or PA' S NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**DCA / PA's** → Parents / Guardians Names: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ADULTS** → Age level/unit you prefer to work with: 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup> / 6<sup>th</sup> / 7<sup>th</sup> / 8<sup>th</sup> / PA / camp nurse / crafts  
 Name & grade of your camper(s) attending this June: \_\_\_\_\_

**Adults must work 4 days of camp and attend ALL camp planning sessions to qualify for possible discounted camp fees - disbursed at the end of camp if minimum numbers are exceeded.**

**Adult planning session: Monday May 17<sup>th</sup> from 6 PM - 8 PM** at Columbia 1<sup>st</sup> UMC at 222 W 7<sup>th</sup> St. (PA's are welcomed to attend)  
**ALL STAFF, DCA's and PA's MUST attend camp prep day on Sunday, June 6<sup>th</sup> 2 PM til 4 PM** at Chickasaw Trace Park.

**HEALTH HISTORY:**      Birthdate: \_\_\_\_\_ **Adult Volunteers:**    Date of last tetanus: \_\_\_\_\_

**Adult Volunteer EMERGENCY contact (or contact for PA's if parents cannot be reached):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Medical Insurance \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Allergies (Specify nature of allergic reaction) \_\_\_\_\_

- Animals    Hay Fever    Food    Insect Stings    Pollen    Meds/Drugs    Plants    Other \_\_\_\_\_

Please explain any condition(s) which would restrict your camp activities: \_\_\_\_\_

PA / adult volunteer will be taking prescribed meds while at camp. Camp nurse will be given a list (sealed envelope) of these meds.

PA / adult volunteer may take or use the following:    Tylenol/acetaminophen    Advil/ibuprofen    Sudafed/decongestant  
 Benadryl/antihistamine    Pepto Bismol    Tums/antacid    Robitussin/expectorant    Swimmers Ear/alcohol-vinegar solution

## HEALTH INFORMATION PRIVACY STATEMENT

The Girl/Adult Health Record is for health care concerns at the specified event 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/records with noted treatment will be retained for seven years (for minors, 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.

### PLEASE INITIAL

- \_\_\_\_\_ I have read the above procedures for handling the health form information and I agree to the release of any records (myself / my daughter) necessary for treatment, referral, billing or insurance purposes.  
 \_\_\_\_\_ My camper's (PA) immunizations are current and up-to-date according to Board of Education requirements  
 \_\_\_\_\_ This health history is correct, and except as noted above, I know of no other reasons to limit participation in camp activities.  
 \_\_\_\_\_ I give permission for my PA daughter to attend Maury County Day Camp.  
 \_\_\_\_\_ Girl Scouts (local & national) may use films, photographs or recordings of myself or my daughter.  
 \_\_\_\_\_ I authorize emergency treatment for myself / my daughter if needed.

Signed (staff, PA or CA) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Parent or Guardian of PA/CA) \_\_\_\_\_ Date \_\_\_\_\_

Our camp is volunteer powered - so we have to have volunteers to successfully run camp. We plan our unit availability based on registered volunteers, so please note - If you register to volunteer and are unable to fulfill the commitment, your child's unit could be affected.