

CALLING ALL DAISIES, BROWNIES, JUNIORS AND CADETTES

Come camp with us...

“Around the World in Two Days”

C A M P O R E E 2 0 1 5

REGISTRATION

- Opens December 1 and closes January 23, 2015 (or when event fills)
- No applications accepted before December 1, 2014
- Event is 1st come until full and will fill up quickly
- Make **ONE** troop check payable to Cresta Blanca Service Unit.
- ****No refunds given****
- Please limit adult attendees. Extra adults will be waitlisted to allow maximum girl participation.
- No adult chaperones needed for Cadette program.
- See “Troop Leader Reg Info” page for what to include when registering.
- Mail or drop off reg pkt to:
Mary Claudino
1771 Dawn St.
Livermore, CA 94550

WHO: This camp is for Daisy, Brownie, Junior and Cadette level Livermore Girl Scouts.

WHEN: Saturday May 23 through Monday May 25, 2015

COST: \$65 per person for Cadette program
\$60 per person for all other levels

WHAT: Price includes t-shirt, patch, Saturday dinner, Sunday all meals, and Monday breakfast.

WHERE: Camp Herms Boy Scout Camp
1100 James Place, El Cerrito, CA

WHY: Girls will learn by doing, & discover a strong sense of self while gaining practical life skills.



OTHER IMPORTANT STUFF

Mandatory Adult Meeting	Other Other Other	Questions??
<ul style="list-style-type: none"> • required for ALL adults attending camp and ALL parents of campers going to camp • Thurs April 23, 2015 	<ul style="list-style-type: none"> • sack lunch needed for Saturday • packing list provided at mandatory adult meeting 	<p>Mary Claudino (MacGyver) 925-337-0443 mamadino@goldino.net</p>

TROOP LEADER REGISTRATION INFO

C A M P O R E E 2 0 1 5

1. Complete a separate registration form for each girl. A photocopy is acceptable as long as all parental signatures are in ink. An incomplete form will be returned to you.

2. A \$20 deposit per camper is required at the time of registration. Troop leaders should write one troop check for all girls' registration deposits. Registration must be postmarked and received no later than January 23, 2015. Registrations postmarked / received after this date are subject to availability. Once camp has filled, a waitlist will be started. If a spot opens up, placement will be made based on the date the registration was received. Because of the cost and planning that takes place to make camp possible, no refunds will be given.

3. Mail registration packet and check to:

Mary Claudino, 1771 Dawn Street, Livermore, CA 94551

4. Email notification that your registration has been received and indication of acceptance or "waiting list" status will be sent out to troop leaders as soon as registration processing is complete. You should get these notifications by February 1, 2015. If you do not receive a confirmation email, contact MacGyver 337-0443 or mamadino@goldino.net.

2015 Camporee Troop Registration Form

Leader's Name: _____ Troop #: _____

Grade(s) of girls _____ Phone # _____ Mobile #: _____

Email: _____

of Girls Attending _____ x deposit of \$20.00 per Person _____

of Adults Attending _____ x deposit of \$20.00 per Person _____

Total Amount _____

Please make ONE check payable to Cresta Blanca Service Unit

REGISTRATION FORM

(USE SEPARATE FORM FOR EACH GIRL)

C A M P O R E E 2 0 1 5

Troop# _____ Circle One Girl Adult

Camper's Name: _____ Grade in Fall 2014 _____

Camper level (circle): Daisy Brownie Junior Cadette

T-Shirt Size
(adult sizes only) Circle one S M L XL XXL XXXL

Parent Name _____
Home # _____
Mobile # _____
Email: _____

Parent Name _____
Home phone # _____
Mobile # _____
Email: _____

Emergency Contact other than Parents / Guardians _____

Daytime # _____ Alternate # _____

Doctor's Name _____ Phone # _____

Insurance _____ Policy # _____

I give permission for my daughter to be photographed and further agree to allow the Cresta Blanca Service Unit and Girl Scout Council of Northern California to release pictures for publicity purposes.

My daughter has my permission to participate in all program activities. I will notify the staff in writing if she has any additional medical limitations before the program starts. I will not allow her to attend if she has been exposed to a contagious disease or is not feeling well.

I have read the registration information and understand and agree to comply with it and all other requirements provided by the camp staff. In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Northern California and Cresta Blanca Service Unit to seek treatment for my child and/or dependent minor by a licensed physician pursuant to California Family Code Section 6910 and California Civil Code Section 25.8.

I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability and alternate instructions and attach to this form.**

Parent or Legal Guardian Signature

Date

MEDICAL HISTORY/ INFORMATION

C A M P O R E E 2 0 1 5

NAME: _____ **TROOP#** _____ **GIRL/ADULT:** _____

Please check all of the illnesses / injuries / conditions that have occurred in the past 6 months:

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Lyme disease |
| <input type="checkbox"/> Allergies (describe below) | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Attention deficit disorder | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Bleeding / clotting disorder | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Muscle injury |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Heart Defect / Disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Skeletal injury |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint injury | <input type="checkbox"/> Vision difficulties/wears glasses |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Learning disability | |

Please provide explanations for any checked boxes: _____

Medical accommodations: please list any special medical accommodations you or your child will need at camp:

MEDICATIONS - Please list medications being taken on a regular basis and the reason.

Medications to be taken during camp need to be brought to camp in their original container accompanied by signed instructions from parent/guardian including dosage and time taken.

Prescription Medications:

_____ Reason _____
 _____ Reason _____

Over the /counter Medications:

_____ Reason _____
 _____ Reason _____

ALLERGIES - Please list all known allergies and describe reaction. Food allergies to be listed on separate page.

Allergies to medication:

_____ Reaction _____
 _____ Reaction _____

Bee Sting and Other Allergies:

_____ Reaction _____
 _____ Reaction _____

FOOD ALLERGIES/ RESTRICTIONS

(USE SEPARATE FORM FOR EACH GIRL)

C A M P O R E E 2 0 1 5

NAME: _____ TROOP# _____ GIRL/ADULT: _____

Food allergy or restrictions: mark all that apply and provide extra information below as needed

NONE (will eat any/all meals without restrictions)

<input type="checkbox"/> Lactose intolerant	Mild	Moderate	Severe
<input type="checkbox"/> Peanut allergy	Mild	Moderate	Severe
<input type="checkbox"/> Tree nut allergy	Mild	Moderate	Severe
<input type="checkbox"/> Other nut allergy	Mild	Moderate	Severe

Safe to eat food processed in same facility: Yes No

<input type="checkbox"/> Wheat/Gluten	Mild	Moderate	Severe
<input type="checkbox"/> Corn allergy	Mild	Moderate	Severe
<input type="checkbox"/> Soy allergy	Mild	Moderate	Severe
<input type="checkbox"/> Egg allergy	Mild	Moderate	Severe
<input type="checkbox"/> Shellfish allergy	Mild	Moderate	Severe
<input type="checkbox"/> Other food allergy _____			

Meat related issues:

Vegetarian
 Vegan
 Meat allergy
 No red meat (will eat other meats)
 No pork (will eat other meats)

Other food related information we should know: _____