



**Registration Sheet  
Girls Adventure Camp  
"Island Oasis"  
At Camp Jefferson  
June 19-22, 2017**

Girl's Name \_\_\_\_\_ Girl's Age \_\_\_\_\_ (On June 19, 2017)  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent's/Guardian's Names \_\_\_\_\_  
 Mom/Guardian- Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_  
 Dad/Guardian- Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_  
 Emergency contact person other than parent \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In **August 2017** girl will enter this grade \_\_\_\_\_ (Mark this grade below)

**Mark One Level:**

- Level 1 \_\_\_\_\_ K-3<sup>rd</sup> Grades \$55.00
- Level 2 \_\_\_\_\_ 4<sup>th</sup>-6<sup>th</sup> Grades \$60.00
- Level 3 \_\_\_\_\_ 7<sup>th</sup>-12<sup>th</sup> Grades \$60.00



*If you do not think your child is able to stay thru the night,  
you may pick them up at 10:00 p.m. and bring them back by 9:00 a.m.*

Previous years at Camp Jefferson GS/Adventure Camp \_\_\_\_\_  
 Other camp experience \_\_\_\_\_  
 Troop Leader (If applicable) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
 Do you have special needs? No \_\_\_\_\_ Yes \_\_\_\_\_ Please Explain \_\_\_\_\_

*All medication sent to camp MUST be in original containers and checked in at First Aid Station!*

**\*\*FEES MUST ACCOMPANY FORM OR MAY NOT BE ACCEPTED\*\***  
 A Headlice Policy will be enforced at Camp.

**Camp Form Checklist:**

- Completed Registration Form
- Completed Health History Form
- Completed Adult Volunteer Form
- Enclosed Payment
- Detached Information Sheets To Keep

**Make checks payable to:**  
**Girls Adventure Camp**

**Return Forms To:**

**Laura Alsman** @ Petersen Plumbing office  
 1228 E St, Fairbury---402-650-8182

**REGISTRATION DEADLINE**  
**May 12, 2017**

<b>Office Use</b>	
Date Received _____	
Amount Received _____	Cash/Check # _____
Amount to Collect _____	
Three Completed Forms <input type="checkbox"/>	

**\*\*\*FILL OUT AND RETURN THIS FORM\*\*\***



# Adult Volunteer Form

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_

All parents/guardians will be contacted prior to camp for a food donation, this helps to keep our costs down. If you would be willing to help in another way please specify.

Please check all that you can help with

- I can donate food
- I can stay over night (fill out schedule below)
- I can help with crafts (fill out schedule below)
- I can help in the kitchen (fill out schedule below)
  - Monday From \_\_\_\_\_ to \_\_\_\_\_
  - Tuesday From \_\_\_\_\_ to \_\_\_\_\_
  - Wednesday From \_\_\_\_\_ to \_\_\_\_\_
- I can gather or help deliver supplies to camp
- I cannot help in any other way so I will
  - Donate \$20.00 to help
  - Donate \$30.00 to help
  - Donate \$\_\_\_\_\_ to help

Office Use Only

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## Adult Volunteer Health History

Please complete the following if you can help for 2 or more hours

Name: \_\_\_\_\_

- |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Diseases Had:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chicken Pox</li> <li><input type="checkbox"/> Measles</li> <li><input type="checkbox"/> German Measles</li> <li><input type="checkbox"/> Mumps</li> <li><input type="checkbox"/> Other _____</li> </ul> | <p><b>Allergies:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hay Fever</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Drugs</li> <li><input type="checkbox"/> Insect Stings</li> <li><input type="checkbox"/> Ivy, Oak, etc.</li> <li><input type="checkbox"/> Food _____</li> </ul> | <p><b>Chronic or Recurring Illness:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ear Infections</li> <li><input type="checkbox"/> Heart Disease</li> <li><input type="checkbox"/> Convulsions</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Epilepsy</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Other diseases or details of above: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Last tetanus shot received \_\_\_\_\_(year)

Emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone: \_\_\_\_\_

I give my permission for Girls Adventure Camp to use, for publicity or advertising purposes, any photographs or video of myself at the camp.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*FILL OUT AND RETURN THIS FORM\*\*\***

# Information Sheet

Where: Camp Jefferson, 57026 708<sup>th</sup> Rd, Fairbury, NE 68352 (402) 729-5865

When: June 19-22, 2017

## Dates and Times for Following Levels

### **Level 3 – Entering 7-12 grades**

Check In: Monday, June 19 1:00 p.m.-1:30 p.m.

Check Out: Thursday, June 22 10:00 a.m.-11:00 a.m

### **Level 2 – Entering 4<sup>th</sup>-6 grades**

Check In: Monday, June 19 2:00p.m.-2:30 p.m.

Check Out: Thursday, June 22 10:00 a.m.-11:00 a.m

### **Level 1 – Entering K-3 grades**

Check In: Tuesday, June 20 10:00 a.m. (No Breakfast Served)

Check Out: Wednesday, June 21 9:00 p.m.

Drop off registration to: Laura Alsman @ Petersen Plumbing, 1228 E St., Fairbury

## Registration Deadline – May 12, 2017

Costs	Level 1 – Entering K-3 grades	\$55.00
	Level 2 – Entering 4-6 grades	\$60.00
	Level 3 – Entering 7-12 grades	\$60.00

\*\*\*\*\***ABSOLUTELY NO FORMS WILL BE ACCEPTED AFTER May 29**\*\*\*\*\*  
CAMP SUPPLIES WILL BE ORDERED THAT DAY

Camp Registration will take place one the North side of the camp Mess Hall

Have Questions? Call  
Laura Alsman--402-650-8182 or Cassi Horky-- 402-520-4327

MORE INFO ON BACK

\*\*\***KEEP THIS SHEET**\*\*\*

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**What To Bring/Not Bring To Camp**  
**This sheet applies to ALL non-counselor campers**

What To Bring:

Water bottle with name on it  
Sleeping bag  
Pillow  
Pajamas  
Clothes for warm weather  
Clothes for cool weather  
Tennis Shoes  
Flip-Flops  
Socks  
Shampoo/Cond.  
Soap  
Bath Towel  
Swimsuit  
Pool Towel  
Bug Spray  
Sun Screen

What NOT To Bring:

NO CELLPHONES-will be taken away if found  
No electronics (ipods, mp3 players, etc.)  
No radios  
No food/candy  
No curling irons/blow dryers/straighteners  
No pool toys

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These restrictions are to help keep the girls and the camp as safe as possible.  
All medications **MUST** be checked in upon arrival.  
The camp does keep a full first aid kit stocked at all times, which includes Asprin and Tylenol.

**Have Questions? Call**  
**Laura Alsman--402-650-8182 or Cassi Horky-- 402-520-4327**

**\*\*\*KEEP THIS SHEET\*\*\***