



**Registration Sheet
Girls Adventure Camp
"Under the Big Top"
At Camp Jefferson
June 10-13, 2019**



Girl's Name _____ Girl's Age _____ (On June 10, 2019)
 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 _____

Shirt Size—Circle **One**—Youth : S, M, L, XL Adult: S, M, L, XL, 2X

In **August 2019** girl will enter this grade _____ (Mark this grade below)

Mark One Level:	After May 1st
Level 1 _____ K-3 rd Grades \$60.00	\$70.00
Level 2 _____ 4 th -6 th Grades \$70.00	\$80.00
Level 3 _____ 7 th -12 th Grades \$70.00	\$80.00

This is a closed camp. Girls will not be allowed to leave for practices, games, appointments or other events during camp.

Previous years at Camp Jefferson GS/Adventure Camp _____
 Other camp experience _____

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

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

REGISTRATION DEADLINE

May 1, 2019

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

Health History Information

Does the participant currently have (or had) any of the following? Check "yes" or "no" to each question. Please explain any "yes" answers (noting the number of the question) in the space below or on an additional sheet of paper, if necessary.

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Had recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Have any skin problems (itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness or condition? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have diabetes or hypoglycemia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been hospitalized/had surgery within the past 2 years? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Had mononucleosis in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Had a head injury and/or been knocked unconscious? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has passed out, been dizzy, and/or had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Had frequent ear infections? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Had heart-related problem (high/low blood pressure, shortness of breath, murmurs, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Wear glasses, contacts or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Had muscular/skeletal problems (arthritis, hernia, recent fractures, back/joint problems)? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Have an orthodontic appliance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Had stomach/intestinal problems (ulcers, jaundice, indigestion, diarrhea/constipation)? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have problems with sleepwalking? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 19. If female, have an abnormal menstrual history? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 20. Have a history of bed wetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 21. Had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 22. Had emotional difficulties for which professional help was sought? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please give details (i.e., reactions, special instructions, special equipment, procedures): (attach additional pages if necessary)

Conditions, Restrictions or Allergies (Please list all)

	Describe the condition, restriction or allergy and how to manage (attach additional pages if necessary)
Dietary Needs	
Allergies (food, medicine, latex, etc.)	
Conditions (diabetic, asthma, etc.)	
Restrictions (ear plugs while swimming)	

Swimming Ability non-swimmer beginner swimmer

Insurance Carrier: _____ **Policy #:** _____ **Physician Name:** _____

Immunizations (A copy of the applicant's immunizations record can replace this section) **Date of last physical exam** _____

Which of the following has the participant had?

- Measles Chicken Pox German Measles Mumps Hepatitis

Please give date for last immunization for:

- | | |
|---|--|
| ____/____/____ DTP | ____/____/____ Varicella Zoster |
| ____/____/____ Hepatitis B | ____/____/____ TD (Tetanus/diphtheria) |
| ____/____/____ Rubella | ____/____/____ Polio |
| ____/____/____ Measles (hard or red measles or rubeola) | ____/____/____ Haemophitus influenza (HiB) |
| ____/____/____ Last TB mantoux test | ____ Result |

Medications

Medications must be given to the camp leader/staff in charge of the event at registration. Please list all prescription and non-prescription medications. All medications must be brought in the original container that identifies the medication's name, the dosage and frequency of administration and the prescribing physician (if applicable). Provide enough medication for the duration of camp.

- This person does not take medication on a regular basis.**

Medication	Dosage	Times of Day	Route (eye, ear, oral)	Reason for Taking
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If deemed necessary, I (parent/guardian) give permission to administer non-prescription medications in accordance with directions on the label for headaches, upset stomach, diarrhea, menstrual cramps and poison ivy. Also, in the event of a medical emergency, I authorize the administrators of the camp to seek medical attention for my child and understand that I will be responsible for any expense involved.

Camp Release Form

In consideration of the possible injuries or losses which occur by my child being a participant and/or spectator at this event, I, the undersigned, release and hold harmless this organization, its sponsors, its personnel, its affiliate person, and/or its affiliated entities from any and all liability that may arise from any injuries, damages or losses whatsoever to my child or their personal property arising from their involvement in the event. I understand by signing this form that I am giving my full consent for my child to participate in Girls Adventure Camp.

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

Printed Name of Minor _____

Signature of Parent(s) or Legal Guardian: _____ Date _____

Emergency Contacts

Parent/Guardian Emergency Contact Info
 Name: _____
 Relationship: _____
 Phone #: _____

Alternate Emergency Contact Info
 Name: _____
 Relationship: _____
 Phone #: _____

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

Adult Volunteer Form

Name: _____ Contact Number: _____
Address: _____
City/ST/Zip: _____

Volunteer are an important part of our camp and we appreciate your support.
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 any additional way please specify.

Please check all that you can help with

- I can donate food
- I can help (fill out schedule below)
 - Monday From _____ to _____
 - Tuesday From _____ to _____
 - Wednesday From _____ to _____
- I cannot help in any other way so I will

Office Use Only

- Donate \$20.00 to help
 - Donate \$30.00 to help
- (Please include donation amount with fees)
Those who donate extra money will not be contacted for food donations

Adult Volunteer Health History

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

Name: _____

- | | | |
|---|---|---|
| Diseases Had: | Allergies: | Chronic or Recurring Illness: |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Drugs | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Ivy, Oak, etc. | <input type="checkbox"/> Epilepsy |
| | <input type="checkbox"/> Food _____ | <input type="checkbox"/> Other _____ |

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*****

Girls Adventure Camp Information Sheet

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

When: June 10-13, 2019

Dates and Times for Following Levels

Level 3 – Entering 7-12 grades

Check In: Monday, June 10, 1:00 p.m. (no lunch served)

Check Out: Thursday, June 13, 10:00 a.m.

Level 2 – Entering 4th-6 grades

Check In: Monday, June 10, 1:30 p.m. (no lunch served)

Check Out: Thursday, June 13, 10:00 a.m.

Level 1 – Entering K-3 grades

Check In: Tuesday, June 11, 10:00 a.m. (no breakfast

served) Check Out: Wednesday, June 12, 9:00 p.m.

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

Registration Deadline – May 1, 2018

			<u>After May 1st</u>
Costs	Level 1 – Entering K-3 grades	\$60.00	\$70.00
	Level 2 – Entering 4-6 grades	\$70.00	\$80.00
	Level 3 – Entering 7-12 grades	\$70.00	\$80.00

*******ABSOLUTELY NO FORMS WILL BE ACCEPTED AFTER May 12*******
CAMP SUPPLIES WILL BE ORDERED THAT DAY

Camp check-in 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*****

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

What To Bring:

Life-jacket (if you own one)

Water bottle with name on it

Sleeping bag/bedding

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

Toothbrush/toothpaste

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 (we will provide some)

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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*****