



**Registration Sheet  
Girls Adventure Camp  
"Going For Gold"  
At Camp Jefferson  
June 8-11, 2020**



Girl's Name \_\_\_\_\_ Girl's Age \_\_\_\_\_ (On June 8, 2020)  
 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 2020 girl will enter this grade \_\_\_\_\_ (Mark this grade below)

| Mark One Level:                                 | Due before May 1      | Due after May 1st |
|---|-----------------------|-------------------|
| Level 1 _____ K-3 <sup>rd</sup>                 | Grades <b>\$60.00</b> | <b>\$70.00</b>    |
| Level 2 _____ 4 <sup>th</sup> -6 <sup>th</sup>  | Grades <b>\$70.00</b> | <b>\$80.00</b>    |
| Level 3 _____ 7 <sup>th</sup> -12 <sup>th</sup> | Grades <b>\$70.00</b> | <b>\$80.00</b>    |

*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.

**Parent/Guardian 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:**

Anything Electric  
310 E St,  
Fairbury, NE 68352



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

**REGISTRATION DEADLINE**

**May 1, 2020**

**\*\*\*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.

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

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)**

Table with 2 columns: Category (Dietary Needs, Allergies, Conditions, Restrictions) and Description (Describe the condition, restriction or allergy and how to manage).

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Swimming Ability [ ] non-swimmer [ ] beginner [ ] swimmer

**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.

Table with 5 columns: Medication, Dosage, Times of Day, Route (eye, ear, oral), Reason for Taking

[ ] This person does not take medication on a regular basis.

[ ] 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: \_\_\_\_\_

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 AND
  - 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 |
|                 |
|                 |
|                 |
|                 |

(Please include donation amount with fees)

## Adult Volunteer Health History

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

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

**Allergies:**

- Hay Fever
- Drugs
- Insect Stings
- Ivy, Oak, etc.
- Food \_\_\_\_\_

**Chronic or Recurring Illness:**

- Ear Infections
- Heart Disease
- Convulsions
- Diabetes
- Epilepsy
- Asthma
- 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 708<sup>th</sup> Rd, Fairbury, NE 68352 (402) 729-5865

When: June 8-11, 2020

## Dates and Times for Following Levels

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

Check In: Monday, June 8 1:00 p.m.

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

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

Check In: Monday, June 8 1:30 p.m.

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

### **Level 1 – Entering K-3 grades**

Check In: Tuesday, June 9 10:00 a.m. (No Breakfast Served)

Check Out: Wednesday, June 10 9:00 p.m.



Drop off registration to: Anything Electric, 310 E St., Fairbury, NE 68352

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## Registration Deadline – May 1, 2020

|       |                                | <u>Before May 1</u> | <u>After May 1</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 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\*\*\***

**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/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\*\*\***