



**Registration Sheet  
Girls Adventure Camp  
"A Mystery In The Making"  
At Camp Jefferson  
June 5-9, 2022**



Girl's Name \_\_\_\_\_ Girl's Age \_\_\_\_\_ (On June 5, 2022)  
 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 : YS, YM, YL, YXL Adult: AS, AM, AL, AXL, A2X

In August 2022 my girl will enter this grade \_\_\_\_\_ (Mark this grade below)

Mark One Level:	Amount Due before May 1	Amount Due after May 1st
Level 1 _____ K-3 <sup>rd</sup> Grades	\$70.00	\$80.00
Level 2 _____ 4 <sup>th</sup> -6 <sup>th</sup> Grades	\$80.00	\$90.00
Level 3 _____ 7 <sup>th</sup> -12 <sup>th</sup> Grades	\$80.00	\$90.00

*This is a closed camp. Girls will not be allowed to leave for practices games, appointments or other events during camp. Also, if they arrive to or leave from camp sick, they will not be allowed to return.*

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, 2022**

**\*\*\*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?
2. Have a chronic or recurring illness or condition?
3. Been hospitalized/had surgery within the past 2 years?
4. Have frequent headaches?
5. Had a head injury and/or been knocked unconscious?
6. Has passed out, been dizzy, and/or had chest pain during or after exercise?
7. Had heart-related problem (high/low blood pressure, shortness of breath, murmurs, etc.)?
8. Had muscular/skeletal problems (arthritis, hernia, recent fractures, back/joint problems)?
9. Had stomach/intestinal problems (ulcers, jaundice, indigestion, diarrhea/constipation)?
10. Have any skin problems (itching, rash, acne)?
11. Have diabetes or hypoglycemia?
12. Have asthma?
13. Had mononucleosis in the past 12 months?
14. Had seizures?
15. Had frequent ear infections?
16. Wear glasses, contacts or protective eyewear?
17. Have an orthodontic appliance?
18. Have problems with sleepwalking?
19. Have an abnormal menstrual history?
20. Have a history of bed wetting?
21. Had an eating disorder?
22. Had emotional difficulties for which professional help was sought?

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)

Insurance Carrier: Policy #: Physician Name:

Swimming Ability NON-SWIMMER BEGINNER SWIMMER

**Medications**

\*\*\*Vaccination records are no longer required.\*\*\*

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.

\*\*\*Please note: Additional waivers may be needed and additional restrictions may apply because of Covid or other health concerns. Our group will continue to abide by all restrictions and regulations which may apply.\*\*\*

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 Office Use Only  
 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 cannot help in any other way so I will  
 Donate \$20.00 to help  
 Donate \$30.00 to help  
 Donate \$\_\_\_\_\_ to help  
(Please include donation amount with fees, same check is ok)

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## Adult Volunteer Health History

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

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

- |   |   |
|---|---|
| <b>Allergies:</b>                       | <b>Chronic or Recurring Illness:</b>    |
| <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Drugs          | <input type="checkbox"/> Heart Disease  |
| <input type="checkbox"/> Insect Stings  | <input type="checkbox"/> Convulsions    |
| <input type="checkbox"/> Ivy, Oak, etc. | <input type="checkbox"/> Diabetes       |
| <input type="checkbox"/> Food _____     | <input type="checkbox"/> Epilepsy       |
|   | <input type="checkbox"/> Asthma         |
|   | <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 708<sup>th</sup> Rd, Fairbury, NE 68352 (402) 729-5865

When: June 5-9, 2022

**Dates and Times for Following Levels**

**Counselors** (you will be notified by May 15 if you will be a counselor)

Check In: Sunday, June 5 6:30 p.m. (no dinner served)

Check out: Thursday, June 9 10:00 a.m.

**Level 3 – Entering 7-12 grades**

Check In: Monday, June 6 12:00 p.m.

Check Out: Thursday, June 9 10:00 a.m.

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

Check In: Monday, June 6 12:00 p.m.

Check Out: Thursday, June 9 10:00 a.m.

**Level 1 – Entering K-3 grades**

Check In: Tuesday, June 7 10:00 a.m. (No Breakfast Served)

Check Out: Wednesday, June 8 9:00 p.m.

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

<b><u>Registration Deadline – May 1, 2022</u></b>		<b><u>Before May 1</u></b>	<b><u>After May 1</u></b>
Costs	Level 1 – Entering K-3 grades	\$70.00	\$80.00
	Level 2 – Entering 4-6 grades	\$80.00	\$70.00
	Level 3 – Entering 7-12 grades	\$80.00	\$70.00

\*\*\*\*\***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**

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### 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  
Life Jacket with name on it (don't buy one if you don't already own one, we have extras)

### 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)

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\*\*\***