



**Registration Sheet
Girls Adventure Camp
"A Dream Come True"
At Camp Jefferson
June 17-20, 2024**



Girl's Name _____ Girl's Age _____ (On June 17, 2024)
 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 Adult: AS, AM, AL, AXL, A2X

In **August 2024** my girl will enter this grade _____ (Mark this grade below)

Mark One Level:	Amount Due on or before May 1	Amount Due after May 1st
Level 1 _____ K-3 rd Grades	\$70.00	\$80.00
Level 2 _____ 4 th -6 th Grades	\$90.00	\$100.00
Level 3 _____ 7 th -12 th Grades	\$90.00	\$100.00

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 prescription medications sent to camp **MUST** be in original containers, non-prescription does **NOT** need to be in original containers. Both will be 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, 2024 or when camp is FULL. Check our Facebook page for updates and info.
 Completed registrations do not guarantee acceptance if the camp has filled before the deadline is reached.

*****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 prescription 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). Non-prescription medications do NOT need an original container. Provide enough medication for the duration of camp.

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

Check this box if 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

Alternate Emergency Contact Info

Name:

Name:

Relationship:

Relationship:

Phone #:

Phone #:

FILL OUT AND RETURN THIS FORM

Adult Volunteer Form

Name: _____ Contact Number: _____

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 _____

Office Use Only

- I cannot help in any 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)

Adult Volunteer Health History

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

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

- | | |
|---|--|
| <p>Allergies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hay Fever <input type="checkbox"/> Drugs <input type="checkbox"/> Insect Stings <input type="checkbox"/> Ivy, Oak, etc. <input type="checkbox"/> Food _____ | <p>Chronic or Recurring Illness:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Disease <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <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 708th Rd, Fairbury, NE 68352 (402) 729-5865

When: June 17-20, 2024

Dates and Times for Following Levels

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

Check In: Sunday, June 16 6:30 p.m. (dinner WILL BE served)

Check out: Thursday, June 20 10:00 a.m.

Level 3 – Entering 7-12 grades

Check In: Monday, June 17 12:00 p.m.

Check Out: Thursday, June 20 10:00 a.m.

Level 2 – Entering 4th-6 grades

Check In: Monday, June 17 12:00 p.m.

Check Out: Thursday, June 20 10:00 a.m.

Level 1 – Entering K-3 grades

Check In: Tuesday, June 18 10:00 a.m. (No Breakfast Served)

Check Out: Wednesday, June 19 9:00 p.m.

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

<u>Registration Deadline – May 1, 2023</u>	<u>Before May 1</u>	<u>After May 1</u>
Costs Level 1 – Entering K-3 grades	\$70.00	\$80.00
Level 2 – Entering 4-6 grades	\$90.00	\$100.00
Level 3 – Entering 7-12 grades	\$90.00	\$100.00

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

REGISTRATION DEADLINE is May 1, 2024 or when camp is FULL.

Check our Facebook page for updates and info.

Completed registrations do not guarantee acceptance if the camp has filled before the deadline is reached.

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

Have Questions? Call/Text

Laura Alsman--402-650-8182 or Cassi Horky-- 402-520-4327

*****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 twin bed

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)

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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. (Prescription and non-prescription)

The camp does keep a full first aid kit stocked at all times, which includes Asprin and Tylenol.

Have Questions? Call/Text

Laura Alsman--402-650-8182 or Cassi Horky-- 402-520-4327

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