

# Pima Neighborhood's "Into the Forest" Summer Day Camp 2015

## ***What is the Camp?***

A week-long summer day camp highlighting our favorite fairy tales. Camp will include daily rotations through five activity stations: arts & crafts, science, dance & drama, swaps, and sports.

## ***When?***

Tuesday, May 26<sup>th</sup> thru Friday, May 29<sup>th</sup> from 9am to 2pm daily.

*\* Monday, May 25<sup>th</sup> is Memorial Day \**

## ***Where?***

Desert Mountain High School (12575 E. Via Linda, Scottsdale).

All activities will take place in air-conditioned rooms.

## ***Who Can Attend?***

Open to Girl Scouts registered in the Pima Neighborhood who are GOING INTO 1<sup>st</sup> thru 5<sup>th</sup> grades, next school year (2015-16). Capacity: 100 campers, accepted on a first-come, first-served basis.

Also attending will be at least 12 adult volunteers (18+ years) and 22 older girl volunteers (going into 7<sup>th</sup> thru 12<sup>th</sup> grade next school year) per day.

## ***What is the Cost?***

\$75.<sup>00</sup> per girl for the week.

There will be no partial week arrangements and no refunds (unless camp is cancelled).

See the *How Can I Help* section to learn how to guarantee a spot and/or how to receive a \$35 rebate.

## ***How Do I Register?***

Complete the ***Registration Form – Girls Grades 1<sup>st</sup> thru 5<sup>th</sup>*** and mail it with a check (made payable to "Pima Neighborhood") for \$75 to the address below.

**Camper registration has been extended until Wednesday, April 22<sup>nd</sup>.**

Campers will be accepted in the order their forms are received. Camp coordinators will begin notifying campers by Monday, April 13<sup>th</sup> as to the status of their registration. When the camp reaches capacity (100 girls), a wait list will be generated. *Note: A camper's parent who agrees to help as an adult volunteer for one or more **full** days will be given priority status.*

## **Please mail registrations to:**

Jana Froehle  
11655 E. Charter Oak Dr.  
Scottsdale, AZ 85259

### ***Who Is Running the Day Camp?***

The day camp is being sponsored by Pima Neighborhood of the Girl Scouts — Arizona Cactus-Pine Council, Inc. Girl Scout Troop 1870, a group of five Senior Girl Scouts who are juniors in High School, will be planning and organizing all aspects of the camp. All camp activities will be supervised by adult volunteers and led by volunteer Cadette, Senior, and Ambassador Girl Scouts.

### ***I Am an Adult ... How Can I Help?***

To make this wonderful event possible, we need at least **12 adult volunteers each day** to help supervise the campers and to assist the older girl volunteers. Adults are encouraged to volunteer for one or more days. Parents who commit to help **all 4 days** of camp will receive a \$30 rebate check on the last day of camp. In addition, full-week adult volunteers will receive a free camp t-shirt!

If you can help, please complete the attached **Registration Form — Adult Volunteers** and mail it to Jana Froehle by Friday, April 17<sup>th</sup>. If you are not currently a registered as Girl Scout Adult, that's OK! We'll walk you through the steps to become one! We really appreciate your time and help!

### ***I Am Going into the 7<sup>th</sup> thru 12<sup>th</sup> Grade Next Year ... How Can I Help?***

As with adult volunteers, this event will not be possible without older girl volunteers! We need at least **22 older girl volunteers** (girls going into 7<sup>th</sup> thru 12<sup>th</sup> grade during the 2015-16 school year) to help run activities and supervise the campers. **Older girls will need to commit to helping ALL 4 days** of camp. Older girls will receive an awesome t-shirt to wear at camp!

Please complete the **Registration Form — Older Girl Volunteers** and mail it to Jana Froehle by Friday, April 17<sup>th</sup>. Once your registration form is received, you will be contacted by one of the camp coordinators regarding a planning meeting to be scheduled in April. If you want to volunteer but are not a registered Girl Scout, we still want you! We will walk you through the GSUSA registration process so you can volunteer. We can't do this without you!

### ***Could Camp Be Cancelled?***

Summer Day Camp 2015 will happen rain or shine. However, camp will have to be cancelled if (1) fewer than 75 girls sign up and/or (2) there are not enough volunteers registered to meet the minimum safety standards. If cancelled, all campers will be notified and registration fees refunded.

### ***Do I Need to Bring Anything?***

Girls will bring their own sack lunch Tuesday through Thursday. Pizza will be served on Friday. Girls should also bring a bottle of water every day. *Refrigerators and microwaves will NOT be available.*

### ***Drop Off, Pick Up, and Safety***

We will strive to meet every Girl Scout safety recommendation. For your daughter's safety, she must be signed in and out by a parent/guardian each and every day. If she is going home with someone else, a note from the parent must be sent in with the camper for that day. Also, please pick up your camper on time every day, and no later than 2:15pm as supervision will not be provided after that time.

### ***What About ...?***

For more information, please contact Girl Scout Troop 1870 at [gstroopaz1870@gmail.com](mailto:gstroopaz1870@gmail.com).

# Pima Neighborhood's Summer Day Camp 2015 Registration Form — Girls Grades 1<sup>st</sup> thru 5<sup>th</sup>

\*\* MAIL REGISTRATION BY WEDNESDAY, APRIL 22<sup>nd</sup> \*\*

Girl Scout: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Troop Leader: \_\_\_\_\_ Troop#: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_

**EMERGENCY CONTACT**

If the parent/guardian cannot be reached, the following person is authorized to act on their behalf:

Name: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities. If I cannot be reached in the event of any emergency, the day camp leadership may act on my behalf by providing emergency medical treatment and/or transportation.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

Please note any health condition or concern that should be considered in her activities.

\_\_\_\_ Asthma \_\_\_\_\_ Heart Disease  
 \_\_\_\_ Diabetes \_\_\_\_\_ Glasses/Contact Lenses  
 \_\_\_\_ Convulsions \_\_\_\_\_ Kidney/Bladder Problems

Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

Allergies (please specify):  
 Animals \_\_\_\_\_  
 Medicine/Drugs \_\_\_\_\_  
 Foods \_\_\_\_\_  
 Hay Fever \_\_\_\_\_  
 Insects Stings \_\_\_\_\_  
 Other \_\_\_\_\_

The following information is commonly requested by the emergency treatment facility:

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Approximate Date of Last Tetanus Shot: \_\_\_\_ / \_\_\_\_  
 \_\_\_\_\_  
 Name of Doctor/Healthcare Provider Phone  
 \_\_\_\_\_  
 Name of Insurance Provider (if any) Policy/Group #

**GENERAL PERMISSION**

\_\_\_\_\_ is my/our daughter or a girl in my/our legal custody. I/we have full authority to give this permission. She has my/our permission to participate in all Girl Scout program and activities conducted or sponsored by Pima Neighborhood, to which she is registered, or which are conducted or sponsored by the Girl Scouts—Arizona Cactus-Pine Council, Inc.

In case of sickness or accident, I/we, give permission for medical attention and the administration of medication and treatment as prescribed by the girl's physician or as determined by an available physician, nurse, health professional or first aider.

- She needs or may need any of the following medications (i.e., inhaler, EpiPen, medicine), dietary restrictions, or specific accommodations during her activity participation: (If there are none, write "NONE.")  
 \_\_\_\_\_
- Physicians, nurses, health professionals or first aiders MAY NOT administer the following medication or treatments: (If there are none, write "NONE.")  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian Date

\_\_\_\_\_  
 Signature of Parent/Guardian Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Home Phone Cell Phone

\_\_\_\_\_  
 Home Phone Cell Phone

\_\_\_\_\_  
 E-mail

\_\_\_\_\_  
 E-mail

**Camper's current grade** (2014-15 school year) (circle one): K 1 2 3 4

**Camper's grade next year** (2015-16 school year) (circle one): 1 2 3 4 5

**Youth T-shirt size** (circle one): S M L XL XXL

Attached is check # \_\_\_\_\_ for \$75 payable to "Pima Neighborhood"

Please mail registration to: Jana Froehle / 11655 E. Charter Oak Dr. / Scottsdale, AZ 85259

Questions? Please email [gstroopaz1870@gmail.com](mailto:gstroopaz1870@gmail.com).

# Pima Neighborhood's Summer Day Camp 2015 Registration Form — Adult Volunteers

\*\* MAIL REGISTRATION BY FRIDAY, APRIL 17<sup>th</sup> \*\*

Adult: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Troop# (if any): \_\_\_\_\_

## EMERGENCY CONTACT:

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

I do hereby authorize medical attention from a qualified and licensed medical doctor/healthcare provider in the event of a medical emergency, and the transportation to a medical facility if required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note any health condition or concern that should be considered during activities.

\_\_\_\_ Asthma \_\_\_\_\_ Heart Disease  
\_\_\_\_ Diabetes \_\_\_\_\_ Glasses/Contact Lenses  
\_\_\_\_ Convulsions \_\_\_\_\_ Kidney/Bladder Problems

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies (please specify):

- Animals \_\_\_\_\_
- Medicine/Drugs \_\_\_\_\_
- Foods \_\_\_\_\_
- Hay Fever \_\_\_\_\_
- Insects Stings \_\_\_\_\_
- Other \_\_\_\_\_

The following information is commonly requested by the emergency treatment facility:

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_

Approximate Date of Last Tetanus Shot: \_\_\_ / \_\_\_\_

\_\_\_\_\_  
Name of Doctor/Healthcare Provider

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of Insurance Provider (if any)

\_\_\_\_\_  
Policy/Group #

Are you a registered Girl Scout adult? (circle one) YES NO

Which grade level do you prefer to work with?  
(rate from 1 to 6)

- \_\_\_\_ Kindergarten
- \_\_\_\_ First Grade
- \_\_\_\_ Second Grade
- \_\_\_\_ Third Grade
- \_\_\_\_ Fourth Grade
- \_\_\_\_ Fifth Grade

Which days will you help? (Moms ... work all 4 days and get \$30 back from your camper's registration fee!)

- \_\_\_ Tuesday, May 26
- \_\_\_ Wednesday, May 27
- \_\_\_ Thursday, May 28
- \_\_\_ Friday, May 29
- \_\_\_ All 4 days!!!!

If you have a daughter attending camp, do prefer being together with your daughter all day or working separately? (circle one)

TOGETHER SEPARATE NO PREFERENCE

## Your responsibilities and commitment:

- On the days you volunteer, you will be present from 8:45am to 2:15pm.
- Most adults will be asked to escort groups of campers from station to station and/or assist the older girls who will be leading the activity stations. Some adults might be asked to stay at one station to assist older girls with the activity.
- You will cheerfully supervise both younger campers and older girl volunteers. We want all adults and all girls to have fun!

Please mail registration to: Jana Froehle / 11655 E. Charter Oak Dr. / Scottsdale, AZ 85259

Questions? Please email [gstroopaz1870@gmail.com](mailto:gstroopaz1870@gmail.com).

# Pima Neighborhood's Summer Day Camp 2015 Registration Form — Older Girl Volunteers

\*\* MAIL REGISTRATION BY FRIDAY, APRIL 17<sup>th</sup> \*\*

Girl Scout: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Troop Leader: \_\_\_\_\_ Troop#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**EMERGENCY CONTACT**

If the parent/guardian cannot be reached, the following person is authorized to act on their behalf:

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities. If I cannot be reached in the event of any emergency, the day camp leadership may act on my behalf by providing for emergency medical treatment and/or transportation.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL PERMISSION**

\_\_\_\_\_ is my/our daughter or a girl in my/our legal custody. I/we have full authority to give this permission. She has my/our permission to participate in all Girl Scout program and activities conducted or sponsored by Pima Neighborhood, to which she is registered, or which are conducted or sponsored by the Girl Scouts—Arizona Cactus-Pine Council, Inc. In case of sickness or accident, I/we, give permission for medical attention and the administration of medication and treatment as prescribed by the girl's physician or as determined by an available physician, nurse, health professional or first aider.

- She needs or may need any of the following medications (i.e., inhaler, EpiPen, medicine), dietary restrictions, or specific accommodations during her activity participation: (If there are none, write "NONE.")  
\_\_\_\_\_
- Physicians, nurses, health professionals or first aiders MAY NOT administer the following medicines or treatments: (If there are none, write "NONE.")  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Current grade** (2014-15) (circle one): 6 7 8 9 10 11

**Grade next year** (2015-16) (circle one): 7 8 9 10 11 12

**Women's T-shirt size** (circle one): S M L XL XXL

Please note any health condition or concern that should be considered in her activities.

- |                   |                               |
|-------------------|-------------------------------|
| _____ Asthma      | _____ Heart Disease           |
| _____ Diabetes    | _____ Glasses/Contact Lenses  |
| _____ Convulsions | _____ Kidney/Bladder Problems |

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies (please specify):

- Animals \_\_\_\_\_
- Medicine/Drugs \_\_\_\_\_
- Foods \_\_\_\_\_
- Hay Fever \_\_\_\_\_
- Insects Stings \_\_\_\_\_
- Other \_\_\_\_\_

The following information is commonly requested by the emergency treatment facility:

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approximate Date of Last Tetanus Shot: \_\_\_\_ / \_\_\_\_

Name of Doctor/Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance Provider (if any) \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Please rate these topics from 1 to 5, with 1 being the most favored and 5 the least favored:**

- |                     |              |
|---------------------|--------------|
| _____ Arts & Crafts | _____ Swaps  |
| _____ Science       | _____ Sports |
| _____ Dance & Drama |              |

**Your responsibilities and commitment:**

- You will be present all 4 days of camp, arriving at 8:45am and leaving at 2:15pm each day. You will be on time.
- You will attend the planning meeting (TBD) and prepare for your station (i.e., cut paper for Arts & Crafts or practice science experiments in advance).
- You will cheerfully lead younger girls under the supervision of adult volunteers, and you will have FUN!

**Please mail registration to: Jana Froehle / 11655 E. Charter Oak Dr. / Scottsdale, AZ 85259  
Questions? Please email [gstroopaz1870@gmail.com](mailto:gstroopaz1870@gmail.com).**