

Wildlife Wonders at Kiwa 2024

June 17th-21st - 9 am to 3:30 pm



Design By Olivia M.

Family name: _____

Materials needed:

Registration Form

Girl Health History

Carpool Form

Photo release

Permission for Emergency Transport

GSCO Outdoor Program Participation Waiver_ Adu

It Health History (if you are volunteering)

Payment Made

Fees:

Camp Fee

1st Camper \$170 \$_____

Subsequent campers: # of Campers _____ @ \$150/Camper + \$_____

Trained Program Aides (entering 8th grade Fall 2023) # PAs___ @ \$30 per PA
+ \$_____

Boys Unit Fee # of boys___ @ \$30 per child (**Parent must be on-site**) +\$ _____

Please indicate T-shirt Size_____

Minis Unit Fee # of minis___ @ \$25 per child (**Parent must be on-site**) +\$ _____

Additional T-shirts for 1-2 day adult volunteers: How many___ @\$10 each +\$ _____

Child: __ S (6-8) _ M (10-12) _ L 14-16 Adult: __ Small __ Med __ Large __ XL __ XXL

Financial Assistance: If yes, please indicate date requested from Siobhan (mm/dd/yy)

___/___/___

TOTAL AMOUNT DUE ----- \$ _____

How paid? ___ Cheddarup ___ Check

<https://wildlife-wonders-at-kiwa-2024-9273.cheddarup.com/>

CAMPER Registration:

Check one: I am currently a registered Girl Scout I am not a registered Girl Scout*

*Girl Scout Registration required for girls not currently a registered Girl Scout to provide Girl Scout insurance. Please go online to: <http://www.girlscoutsofcolorado.org/girls/join> to register your daughter as a Girl Scout. Initial here that this is complete. _____

Last Name: _____, First Name: _____

Street Address: _____

City/State/Zip: _____ Email Address: _____

Parent/Guardian Name #1: _____ Phone # _____

Parent/Guardian Name #2: _____ Phone # _____

Troop Number: _____ Grade Entering Fall 2024 _____

Date of Birth: _____

T-shirt Size: Child: S (6-8) M (10-12) L 14-16 Adult: Small Med Large XL XXL

Program Aide Internship (PAI) and Kiwa Camp Specialty Training
Please complete only for campers who are entering 7th Grade or above Fall 2024. Question about earning PAI at camp? Email kiwadaycamp@gmail.com

Both Kiwa Camp Specialty and PAI participants are campers and pay camper fees

A. I want to complete Kiwa Camp Specialty at Camp (Required to be a Kiwa PA). ***B is a pre-requisite***
 I earned my PAI: _____ Date _____

B. I want to complete my PA Internship at camp (3rd Step to becoming a council PA, requires additional planning meeting prior to the start of camp **June 8th 10 am at the Boulder County Fairgrounds picnic area**
 I earned my LIA; Date _____ Leader's name and email _____

I completed Program Aide Training/Camp Specialty:
_____ Date | Location: _____

Adult Volunteer Application

Name: _____ Phone: _____

Volunteers are required to be registered as an Adult Girl Scout and have completed background check done by GSCO.

Please check all applicable items throughout:

I am a: registered Adult GS Troop Leader returning volunteer
 current GS background check?

I will volunteer as a:

Unit Leader at camp (\$85 discount on camp fee for one child)

T-shirt size (complimentary) Adult: S M L XL XXL

Adult volunteer at camp for _____ days (enter # of days and check days below)

M T W R F

3-5 day volunteers receive one complimentary t-shirt

Adult sizes S M L XL XXL

I prefer to work with: K-1st Grade (Daisy) 2nd-3rd Grade (Brownie)

4th-5th Grade (Junior) 6th-7th Grade (Cadette) Minis Boys

with my daughter not with my daughter assign me where needed

I will volunteer with: Camp Setup 6/16 1 to 4 pm

Cleanup – 6/21 3:30 to complete

I have **Mini-Campers**, ages 3-5 and potty-trained, who will be in the Minis Unit while I am volunteering at camp. Minis will receive a child small t-shirt unless otherwise indicated:

1. _____ Age _____

2. _____ Age _____

I have **Boys**, ages 6 and up, who will be in the Boys Unit while I am volunteering at camp.

1. _____ Age _____ Shirt Size _____

2. _____ Age _____ Shirt Size _____

Program Aide (PA) Registration - Please use one form for each PA
8th-12th grade only

Name: _____ Troop# _____

Address: _____

Phone: _____ Grade Fall 2024 _____

Parent email (required): _____

PA email: _____

PA T-shirt Size: Child __S(6-8)__M(10-12)__L(14-16)
Adult __ S __ M __ L __ XL __XXL

___ I am a trained PA; My camp name is _____

___ I have been a PA at Kiwa Previously __ yes __ no

If yes, stop here

___ I have earned Kiwa Camp Specialty __ yes __ no

**** Mandatory to PA at Kiwa****

PA Fees:

Trained PAs (8th grade – graduated 12th grade): ___ # PAs @ \$30/PA + _____



Authorized Adults for Day Camp Pick Up

Camp Name: _____

Camper Name: _____

Please list all adults (must be 18+ years old) who are authorized to pick up your children from camp. Adult should be prepared to show a photo ID at check out. You may add as many as you wish:

First and Last name of Adult: _____

Phone Number: _____

Email: _____

First and Last name of Adult: _____

Phone Number: _____

Email: _____

First and Last name of Adult: _____

Phone Number: _____

Email: _____

First and Last name of Adult: _____

Phone Number: _____

Email: _____

First and Last name of Adult: _____

Phone Number: _____

Email: _____

Is there anyone who should NOT be allowed to pick up your child from camp?

First & Last Name _____

Physical Description _____



DATE(S): 6/17/2024-6/21/2024

PHOTOGRAPHER/PRODUCER: Kiwa Day Camp

ASSIGNMENT:

COUNCIL: Girl Scouts of Colorado

LOCATION: Boulder County Fairgrounds

ACTIVITY: Day Camp

RECEIPT RELEASE FOR MINORS

I, being Parent/Guardian of _____, hereby consent that her name, image, and likeness, as shown in the video-tapes, photographs, motion picture film and/or electronic images for which she posed, and/or audio recordings made of her voice may be used by Girl Scouts of the U.S.A., its assigns or successors, in whatever way they desire, including television and Web sites; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes and/or software from which they are made shall be their sole property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

NAME OF MINOR _____

SIGNATURE OF PARENT/GUARDIAN _____

ADDRESS _____

CITY _____ STATE CO ZIP _____

PHONE NUMBER _____

RECEIPT RELEASE FOR ADULTS

I, being of legal age, hereby consent, that my name, image, and likeness, as shown in the videotapes, photographs, motion picture film and/or electronic images in which I appear, and/or audio recording made of my voice may be used by Girl Scouts of the U.S.A., its assigns or successors, in whatever way they desire, including television and Web sites; furthermore, I hereby consent that such photographs, films, recordings, and electronic images and the plates, tapes and/or software from which they are made shall be their sole property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

NAME (PRINT) _____

SIGNATURE _____

ADDRESS _____

CITY _____ STATE CO ZIP _____

PHONE NUMBER _____



Permission to Transport

In the event that I cannot be reached in a medical or emergency of any kind where transportation is required, I hereby give my permission to the Girl Scout program leadership, physician, hospital or medical service selected by the Girl Scout program leadership to transport, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed before any action is taken.

Girl Name (printed)

Parent Name (printed)

Parent Signature

Date



GSCO Outdoor Program Participation Waiver

I understand there are numerous risks associated with participation in any camping activities, including trips, slips, scrapes, bruises, broken bones, and falls from a height (horseback, rock climbing, or other activity), drowning, and even death. Many, but not these risks are inherent in these and other activities that my camper participates in through Girl Scouts of Colorado.

Equipment used in the activity may break, fail or malfunction, despite reasonable maintenance and use. Some of the equipment used in activities may inflict injuries even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and to others.

Counselors, volunteers and guides use their best judgment in determining how to react to circumstances including, but not limited to, camper injury and evacuation, car accident, and incidents with non-Girl Scout users. The counselors and guides may misjudge such circumstances, an individual's capabilities and the like.

These are some, but not all, of the risks inherent in camping activities; a complete listing of inherent and other risks is not possible. There are also risks which cannot be anticipated. I give my permission for my camper to participate in all camp activities, including those described above. I acknowledge and assume the risks involved in these activities, and for any damages, illness, injury or death resulting from such risks for myself and my camper.

I agree to indemnify and hold harmless Girl Scouts of Colorado, its employees, representatives, and agents from any claims, actions, or liabilities (including reasonable attorney fees), for any occurrences which result in any injury, illness, accident or harm of any kind to Participant while participating in the above referenced event or activity.

I also expressly agree to release and discharge Girl Scouts of Colorado, its employees, representatives, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical service.

In signing this document, I fully recognize and understand that I am giving up my right and participant's right to make a claim or file a lawsuit against Girl Scouts of Colorado even if they or the event operator negligently or by some other act or omission cause injury or damage to participant.

I agree that this Release of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Colorado and that if any portion thereof is held to be invalid, the balance of the agreement shall continue in full legal force and effect.

As parent or legal guardian of a participant under 18 years of age, I voluntarily agree that said minor may participate in the above referenced event or activity, and sign this release on their behalf. I understand that this is a release of all claims that is binding on myself, my heirs, members of my family, personal representatives and assigns. I understand that I am assuming all risk inherent in the above referenced event or activity. I voluntarily sign my name as evidence of my acceptance of the above provisions.

[] I have read and understand this document, and agree to the terms and conditions above.

Camper Name (Printed): _____

Parent/ Legal Guardian Name (Printed): _____

Parent/ Legal Guardian Signature: _____

Date: _____



FOR CAMP USE ONLY	
Session Name	_____
Session Code	_____
Session Dates	_____

ADULT HEALTH HISTORY

Name _____ Male Female Phone (H) _____ (W) _____ Birthdate _____
 Address _____ City _____ State _____ Zip _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Phone (H) _____ (W) _____
 Address _____ City _____ State _____ Zip _____

Date of Last Health Exam _____ Physician's Name _____ Physician's Phone _____

Were there any complicating medical problems noted? _____

IF SWIMMING, HORSEBACK RIDING OR STRENUOUS ACTIVITIES ARE TO BE A PART OF THE PROGRAM, A STATEMENT FROM A LICENSED PHYSICIAN AS TO YOUR GENERAL CONDITION AND YOUR ABILITY TO PARTICIPATE IN ALL PROGRAM ACTIVITIES MUST ACCOMPANY THIS FORM.

HEALTH HISTORY:

Please check and give dates if you have any of the following conditions:

- | | | |
|---|--|---|
| <input type="checkbox"/> Ear Infections _____ | <input type="checkbox"/> Hypertension _____ | <input type="checkbox"/> German Measles _____ |
| <input type="checkbox"/> Convulsions _____ | <input type="checkbox"/> Musculoskeletal Disorder _____ | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Plant/Pollen Allergies _____ | <input type="checkbox"/> Asthma _____ |
| <input type="checkbox"/> Heart Defect/Disease _____ | <input type="checkbox"/> Insect Sting Allergy _____ | <input type="checkbox"/> Chicken Pox _____ |
| <input type="checkbox"/> Bleeding/Clotting Disorder _____ | <input type="checkbox"/> Drug Allergies (specify) _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hepatitis B Carrier _____ | <input type="checkbox"/> Other Allergies (specify) _____ | |

Date of last Tetanus booster _____

Details of above conditions _____

Other health conditions: (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Frequent constipation | <input type="checkbox"/> Special dietary regimen | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Menstrual cramps | <input type="checkbox"/> Emotional disturbances | <input type="checkbox"/> Wear glasses |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Fainting | <input type="checkbox"/> Wears contact lenses |

Please explain items checked: _____

Are there other health concerns the Health Supervisor/Troop Leader should be aware of? Yes No If yes, explain _____

Are you currently under the care of a physician or psychologist? Yes No

Are you currently taking any medication? No Yes If yes, please list _____

Since your last health examination, have you had: (Give dates and explain)

- A serious injury requiring medical attention? _____
- Treatment in a hospital or emergency room? _____
- An illness lasting more than five (5) days? _____
- A surgical operation or fracture? _____
- Any restrictions concerning physical activities? _____

Do you consider yourself to be in good health and able to participate in normal program activities? Yes No

If no, please explain _____

Dietary considerations _____

If I am exposed to contagious disease in the three weeks prior to event/program, I will notify the director. To the best of my knowledge, this health history is correct.

IN CASE OF EMERGENCY, I GIVE MY PERMISSION TO PERSONS REPRESENTING GIRL SCOUTS OF COLORADO TO SEE THAT I RECEIVE APPROPRIATE EMERGENCY MEDICAL OR SURGICAL TREATMENT, AND/OR HOSPITALIZATION IF NECESSARY. IT IS UNDERSTOOD THAT EVERY EFFORT WILL BE MADE TO REACH THE PERSON NAMED ABOVE.

Signature _____

Date _____



Girl Health History

Parents/guardians: complete, sign, and give to the Troop/Group Leader

Troop/Group Leaders: Keep this information in a safe and confidential place. When this girl is no longer a member, please shred document. This form may be used for many years if it is reviewed, updated and signed annually. This form must be on site during any Girl Scout activity.

Girl's Name Last First Date of Birth
Parent/Guardian
Parent/Guardian Home Phone Work Phone
Cell Phone E-mail
Name of family physician Phone
Family medical/hospital insurance carrier Policy or Group No.

Part I: Illnesses and injuries (Check those that apply.)

- Ear Infection, Bleeding/Clotting Disorders, Hypertension, Hypotension, Asthma, Hypoglycemia, Heart Defect/Disease, Seizures, Musculoskeletal Disorders, Diabetes, Other (specify)

Date of last health examination:

Were any complicating medical problems noted in last health examination?

Part II: Allergies (Check those that apply and specify nature of allergic reaction.)

- Animals, Hay fever, Pollen, Food, Medicines/drugs, Insect stings, Plants, Other (specify)

Part III: Other health conditions (Check those that apply.)

- Bed wetting, Constipation, Menstrual cramps, Motion sickness, Fainting, Nosebleeds, Sleep disturbances, Emotional disturbances, Wears glasses or contact lenses, Hearing impairment, Sickle cell trait or disease, Special dietary regimen, Other (specify)

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

Part IV: Immunization History

Table with 3 columns: Immunization, Year Primary Series Completed, Year of Last Booster. Rows include D.T.P., Td, Measles, Mumps, Rubella, Oral Polio, Hib, Tuberculin test, and Other.

Girl's Name _____
Last First

Current medications (need to be in original container with dosage). _____

Dietary restrictions _____

Emergency Contact

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Permission for Emergency Medical Treatment

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Colorado to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.**

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Updated _____

Signature of parent/guardian _____ Updated _____

Signature of parent/guardian _____ Updated _____

Signature of parent/guardian _____ Updated _____

Signature of parent/guardian _____ Updated _____

Signature of parent/guardian _____ Updated _____