



Girl Scout Day Camp Programs

for Grades K-6

Mad Science Goes Wild!

Come spend the day out of school at Girl Scout Camp and do some awesome experiments, build crazy contraptions, investigate a “crime scene”, learn how to make slime or solve the mystery of the exploding orange peels! Plus all the other fun stuff you get to do at camp like crafts, games, and making new friends.

Come to one session or come to them all!

September 5, 2013

(Camp Choee – 11347 SW 160th St 33157)
Registration deadline September 3, 2013

October 25, 2013

(Camp Choee – 11347 SW 160th St 33157)
Registration deadline October 18, 2013

November 8, 2013

(S. Miami Little House – 6609 SW 60th St. 33143)
Registration deadline November 1, 2013

November 11, 2013

(Camp Choee – 11347 SW 160th St 33157)
Registration deadline November 1, 2013

January 17, 2014

(Camp Mahachee – 9950 Old Cutler Rd 33156)
Registration deadline January 10, 2014

February 7, 2014

(S. Miami Little House – 6609 SW 60th St. 33143)
Registration deadline January 31, 2014

March 21, 2014

(Camp Choee – 11347 SW 160th St 33157)
Registration deadline March 14, 2014

April 18, 2014

(Camp Choee – 11347 SW 160th St 33157)
Registration deadline April 11, 2014

All sessions run from 7:30 am to 5:45 pm
(early bird 7:30-9 am; program 9 am-4 pm; after camp 4-5:45 pm)

Fees:

Girls must be registered members of Girl Scouts of Tropical Florida to participate.
\$15 Membership Registration fee

Individual Days

\$30/day - Members of Girl Scouts of Tropical Florida
\$45/day - Non-members

4 Session Package (you choose the dates)

\$100 - Members
\$75 - Members registering with a non-member who pays Membership Registration fee
(Program registrations must be received together)

Pre-registration is required

Please register using the Mad Science Goes Wild Registration Form

WEATHER STATEMENT

The Girl Scout Council of Tropical Florida, Inc. reserves the right to cancel programs, events, day camp, pool schedules, meetings trainings, etc. at anytime if inclement weather is deemed to put the girls and adults at risk. If lightning can be seen and thunder can be heard, pool time and outdoor activities will be canceled for the campers' safety. In South Florida, where our weather can change rapidly, we may cancel an event only to find that the bad weather went the other way. PLEASE understand that these decisions are based on professional opinions from the weather experts in our area. Additionally, these decisions also allow us enough time to call parents and staff, as well as cancel deliveries or supplies and equipment. In the event of a cancellation, we will make every effort to reschedule the camp, training, field trips, etc. Safety comes first!



Mad Science Goes Wild Day Camp Program Registration Form

Space is limited and may fill before the registration deadlines - register early!

Registration: Email: lauerbach@girlscoutsfl.org - credit card payment only
Mail to: 11347 SW 160th St. Miami, FL 33157
Fax to: 305-253-2132 - credit card payment only

Camper's First Name: _____ Last Name: _____
Camper's Birth Date: _____ Age: _____ Grade: _____ School _____
Address: _____
City, Zip: _____
Parent/Guardian Name: _____
Day Phone: _____ Mobile: _____
Email: _____

Please register my daughter for the following dates:

- | | |
|--|--|
| _____ September 5, 2013 at Camp Choee | _____ January 17, 2014 at Camp Mahachee |
| _____ October 25, 2013 at Camp Choee | _____ February 7, 2014 at S. Miami Little House |
| _____ November 8, 2013 at S. Miami Little House | _____ March 21, 2014 at Camp Choee |
| _____ November 11, 2013 at Camp Choee | _____ April 18, 2014 at Camp Choee |

Registration Payment

Full payment must be received with registration. Checks, MasterCard, Visa and America Express are accepted.

Please note that girls must be registered members of Girl Scouts of Tropical Florida to participate

_____ My daughter is not currently registered. I understand that this is a requirement for participation in this program **X** \$15.00 \$ _____

_____ # of Individual Days **X** \$30/day \$ _____

_____ # of 4 Session Package **X** \$100 \$ _____

Please register by the registration deadline of the earliest date chosen.

_____ My daughter is registering with a girl who is not currently registered as a Girl Scout. \$ _____

The non-member friend is paying the membership registration fee.

Non-member Friend: _____

Both registrations must be received at the same time.

Campership Donation: I wish to help a girl go to camp (100% tax deductible) \$ _____

Total: \$ _____

Credit Card Payments:

Choose one: ___ Visa ___ MasterCard ___ American Express

Print Name as it appears on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Card Holder Signature: _____

By signing you agree to pay the total amount as indicated according to card user agreement.

Cancellations and refunds: If a program is canceled due to low registration, your fee will be refunded; refunds cannot be made for no-shows. You must cancel your registration in writing by the registration deadline to receive a refund. Cancellations are subject to a 10% service charge. You may fax your refund request to Program Registrar Lois Auerbach at 305-253-2132 or email lauerbach@girlscoutsfl.org



HEALTH HISTORY AND PARENT RELEASE

This Health History/Parent Release form must be mailed to the camp registrar with the camp registration form. Parents must complete and sign one per camper.

Camper Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____ Cell Number: _____

Work Number: _____ Other Number: _____

Emergency Contact: (If neither parent/guardian is available in an emergency)

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

I hereby give permission for my child to receive over-the-counter medication below if necessary as determined by the Camp Director.

- | | | |
|-----------------------------------|--------------------------------|---------------------------------------|
| yes/no 1% Hydrocortisone ointment | yes/no Betadine Solution | yes/no Neosporin Ointment |
| yes/no Natural Tears | yes/no Sunscreen(without PAVA) | yes/no Benadryl |
| yes/no Tylenol | yes/no Swimmers Ear | yes/no Co-Tylenol Liquid |
| yes/no Calamine Lotion | yes/no Pepto-Bismol | yes/no Sting Relief (for insect bite) |
| yes/no Ibuprophen | yes/no Bactine | yes/no Other |
| | yes/no Hydrogen Peroxide | _____ |

Please list all prescription medications below. All prescription medicines require a signature of a physician before we will dispense them. Medicines must be marked clearly with the campers name and instructions for dispensing in a zip lock bag. Even if your daughter is normally responsible for taking her own prescription medicine during camp the medicine will be given to her by qualified staff.

Name of Medication Dosage Administration

1. _____
2. _____
3. _____

Physician's Name: _____ Phone: _____ Signature: _____

Illnesses and injuries: Check those that apply and give appropriate date.

- Ear Infection Bleeding/Clotting Disorder Hypertension Asthma Heart Defect/Disease
 Musculoskeletal Disorder Seizures Diabetes
 Other _____

Date of last health examination: _____ Were any complicating medical problems noted in the last health examination? If so, please explain: _____

Is participant currently under the care of a physician or psychologist? Please explain: _____

Since last health exam, has participant had:

- | | |
|---|---|
| <input type="checkbox"/> a serious injury requiring medical attention? | <input type="checkbox"/> an illness lasting more than five days? |
| <input type="checkbox"/> any prescribed or over-the-counter medication? | <input type="checkbox"/> a surgical operation or fracture? |
| <input type="checkbox"/> treatment in a hospital or emergency room? | <input type="checkbox"/> any restrictions concerning physical activities? |
| <input type="checkbox"/> any exposure to a contagious disease? | |

Please explain any "YES: to the above questions, include date: _____

IMPORTANT this section MUST be completed.

This health history is correct as far as I know. I certify that _____ is in good physical condition, has had no recent exposure that would be contagious for others, and has my permission to participate in the total program. In the event I cannot be reached I hereby give permission to the physician selected by the Event Director/Council to hospitalize and secure proper treatment for my child as named above. I consent for my child to receive such medical treatment as are deemed necessary in the event of an emergency and I assume liability for any medical expenses involved. Should a medical emergency arise during my child's participation in a Girl Scout sponsored activity, I understand that responsible efforts will be made to contact me or my designated alternate at the phone numbers I have given. I understand that a head lice check and visual health screening will be conducted during check-in on my daughter on the first day of every week.

Parent/Guardian Signature Date _____



CAMPER PICK UP/ RELEASE

If your daughter will be picked up from camp by ANY ADULT other than a parent or guardian please complete this form with their name, address, phone number and relationship. NO camper will be released from camp to adults other than parents or guardians without this completed form. IDENTIFICATION will be REQUIRED. ONLY adults can pick up; they must be 18 years of age or older.

Campers Name:

ONLY parents or guardian will pick up camper.

Names of Parents/Guardians (print): _____

The Girl Scout Council of Tropical Florida, Inc. has permission to release my daughter to:

Name: _____ Phone: _____ Relationship: _____

Address: _____

Signature of Parent or Guardian (in ink)