

Camp Tanglefoot Day Camp!

Join us this summer for a fabulous one-day DAY CAMP at Camp Tanglefoot!

Experience the fun and magic of Camp without spending the night!

Your days will be filled with songs, badge work, games, swimming, boating, visiting the Camp Tanglefoot Trading Post and making a snack! Sign up soon and bring a friend!

Questions?? Contact Camp at 641-357-2481 or camptanglefoot@gsiowa.org

Complete the registration form connected to this sheet or call Camp today! All registrations are due the **Friday** before the event.

When:

- Wednesday, June 24
- Friday, July 10
- Thursday, July 30

Join us for one, two, or all three **TERRIFIC** days this summer!

Who: Girls entering 2nd - 6th grade!

****ALL girls are welcome AND you do not have to be a current Girl Scout to attend!****

Time: 8:00 a.m. - 4:00 p.m.

Cost: \$10 per day, bring a sack lunch!

Where: Girl Scout Camp Tanglefoot
14948 Dogwood Ave.
Clear Lake, IA 50428
Phone: 641-357-2481



Wednesday, June 24:

Brownies (2nd - 3rd graders) will earn the *Outdoor Adventurer* badge - Participate in a relay race, go on a hike, and build a shelter!

Juniors (4th - 6th graders) will earn the *Local Lore* badge (camp-style!) - Learn the history of camp, create a song or poem, and think toward the future!

Friday, July 10:

Brownies (2nd - 3rd graders) will earn the *Water Everywhere* badge - Make a pond scope, explore Clear Lake, and discover everything that has water in it!

Juniors (4th - 6th graders) will earn the *Water Fun* badge - wear a Personal Flotation Device, create a game and play it in the water, learn how to tie knots, and sing songs!

Thursday, July 30:

Brownies (2nd - 3rd graders) will earn the *Let's Pretend* badge - Play dress-up, act out a short play, and learn how to mime!

Juniors (4th - 6th graders) will earn the *Your Outdoor Surroundings* badge - Learn about Leave-No-Trace minimal impact camping, go on a nature hike, and play outdoor games!



Girl Scout Day Camps

Camp Tanglefoot Julia Cira

Is your daughter currently a registered Girl Scout? Yes No
If yes, what troop? _____

Part 1: Day Camp Information (as many as desired)

Wednesday, June 24 Friday, July 10 Thursday, July 30

Part 2: Girl Information

Name: _____
Birthday: (Month/Year) _____ / _____ Grade: _____ School Name: _____
Address: _____ Apt. Number: _____
City: _____ State: _____ Zip: _____

Part 3: Parent/Guardian Information

Mother's Name: _____ Employer: _____ Email: _____
Address (if different than girl): _____ City: _____ State: _____
Zip: _____ Home Phone: _____ Business Phone: _____ Cell Phone: _____
Father's Name: _____ Employer: _____ Email: _____
Address (if different than girl): _____ City: _____ State: _____
Zip: _____ Home Phone: _____ Business Phone: _____ Cell Phone: _____

My daughter is under the custodial care of: (check one)

Both parents Mother Only Father Only Other _____

Please check racial/ethnic background (optional):

American Indian Asian Black or African-American White Hawaiian/Pacific Islander Hispanic/Latina Other

Part 4: Parental Consent

I, as the parent/legal guardian of _____ authorize my child to participate in all phases of the Girl Scouts of Greater Iowa Camp Tanglefoot Day Camps. If not already a currently registered Girl Scout, I hereby consent to register my daughter for the Girl Scout program. The registration will expire on September 30, 2009. In case of injury or illness, I give my permission for my daughter to be seen by the first aider and/or a qualified physician if deemed necessary. Where immediate care is necessary, the Girl Scouts of Greater Iowa staff has permission to seek medical attention. I hereby consent and agree that any photo/video taken of my daughter by Girl Scouts of Greater Iowa become property of said Council. Photos/videos may be used for any legitimate publicity/promotion without compensation.

Signature of Parent/Guardian: _____ Date: _____

Part 5: Payment Information

\$10.00 per day x _____ Total Number of Days = \$ _____

TOTAL \$ _____

Method of Payment:

Cash

Check

Credit Card

Cookie Dough

Check Number: _____

Visa Mastercard Discover American Express

Card Number: _____ 3 Digit V Code: _____

Expiration Date: _____ Signature: _____

Amount: _____

**Registration Deadline is the Friday prior to the date of the event.
For questions, please call Camp at 641-357-2481.**

Please mail to: Girl Scouts of Greater Iowa, 601 S. Illinois Avenue, Mason City, IA 50401



GIRL HEALTH EXAMINATION RECORD

Complete and bring the required health examination to the first session you attend.

Name (Last, First, Initial)				Sex	Birth
Address				City or Town	State
				Zip	Phone ()
In Emergency Notify		Address		Relationship	Phone ()

INSURANCE INFORMATION, PLEASE COMPLETE THE FOLLOWING:

Carrier	ID Number	Group Number
Member Services Phone Number ()	Address	

HEALTH HISTORY: (check if you have had any of the following)

DISEASES <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Kidney	ALLERGIES <input type="checkbox"/> Animals _____ <input type="checkbox"/> Food _____ <input type="checkbox"/> Hay Fever _____ <input type="checkbox"/> Insect Bites/Stings _____ <input type="checkbox"/> Medicine/Drugs _____ <input type="checkbox"/> Pollen _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Arthritis <input type="checkbox"/> Sinusitis <input type="checkbox"/> Other	My Daughter has permission to take or use the following: <input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Advil/Ibuprofen <input type="checkbox"/> Sudafed/decongestant <input type="checkbox"/> Benadryl/antihistamine <input type="checkbox"/> Tums/antacid <input type="checkbox"/> Robitussin/expectorant <input type="checkbox"/> Calamine lotion <input type="checkbox"/> Cough drops
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Please describe conditions and give dates:

Operations or serious injuries: _____
 Hospitalizations: _____
 Other Diseases/disabilities: _____

Comments where applicable:

Fainting _____ Menstrual Cramps _____
 Constipation _____ Nosebleeds _____
 Emotional Disturbances _____ Other _____
 Specific activities to be encouraged _____ Restricted _____
 Special medical or dietary regimen to be followed (specify) _____

PLEASE LIST BELOW ANY CURRENT MEDICATIONS BEING TAKEN – INCLUDE DOSAGE AND ANY POTENTIAL HARMFUL INTERACTIONS (e.g. food, medications, environmental)

HEALTH INFORMATION PRIVACY STATEMENT

The **Girl Health Examination Record** is for health care concerns at the specified event(s) only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff volunteers in order to provide adequate participant safety and health care. This health form will be retained by the sponsoring council or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant, or their legal representative. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I authorize emergency medical treatment be given if needed for illness or injury.

This health history is complete and accurate. I give permission to engage in all prescribed activities, except as noted.

SIGNATURE: _____ DATE: _____
 (Parent/Guardian)

**Health forms are considered part of the permanent camp record and cannot be returned.
 Please keep a copy.**