

# Once Upon A Day Camp

Day Camp 7A

Camp Timberhill

Monday - Friday July 7 - 11, 2025

At Timberhill Metropark

Registration opens: January 20, 2025

Registration deadline: Sunday June 16, 2025

Questions??

Contact: Jenni Kim (camp director) 513-407-0838

or email: [niihkadaycamp@gmail.com](mailto:niihkadaycamp@gmail.com)

GSWO Customer Care

888-350-5090

[customerservice@gsw.org](mailto:customerservice@gsw.org)

**girl scouts**   
of western ohio

# VDC 7A Adult Registration Form

## Once Upon A Day Camp      July 7 - 11, 2025

Volunteer's Name: \_\_\_\_\_ Camp Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

All unit leaders must complete this form, as well as the Health History and Photo Release forms found in this packet. Adults are needed as unit leaders. Unit leaders will have fun with girls, while taking part in exciting camp activities that are pre-planned by administrative staff volunteers. Unit leaders must attend training, which will prepare them for their role at camp. Priority registration is provided to children whose parent/caregiver volunteers as a unit leader all week. Training for adult volunteers will be communicated to volunteers once a date and location have been determined.

Volunteer is a:    Currently registered Girl Scout                      Re-registering Girl Scout                      New Girl Scout

*(If adult is not currently a registered Girl Scout member, you must register at [gswo.org/join](http://gswo.org/join) for \$25 and a background check)*

Are you a leader or co-leader?     Yes       No

Are you willing to be a carpool driver?     Yes     No    *(please understand if you agree, your information will be shared with caregiver of campers you are transporting)*

Troop #: \_\_\_\_\_ Troop grade level in the fall: \_\_\_\_\_ Service Unit Name/#: \_\_\_\_\_

Do you have any camping experience?     Yes       No

I would like to be a unit leader and work with: (circle one)

\*Daisies (gr K-1)      \*Brownies (gr 2-3)                      \*Juniors (gr 4-5)      \*CSA (grade 6-12) ( not PA/LPA)

\*Boys (age 6-12)      \*Pixies (age 3-5 potty trained)      \*My daughter's unit      \*wherever I am needed

My availability is: Please use the following link to Sign Up Genius to inform us of your availability.

<https://www.signupgenius.com/go/20F0B48A4AA23A75-55319564-once>

There is an adult at camp that I would like to work with (name): \_\_\_\_\_

Name of the Girl Scout attending with me: \_\_\_\_\_

T-shirt size:      Small      Medium      Large      X-Large      XX-Large      XXX-Large

*(t-shirt plus \$10 off 1 camper for 5- day volunteers. 3 day volunteers will receive a t-shirt. Any other volunteers can purchase an optional t-shirt for \$10 please send payment with registration) Make checks payable to GSWO*

Adult T-shirt (optional)	\$
Total	\$

**Registrations will be accepted from 1/20/25 - 6/16/225**

Mail completed registrations to:

Sandy Combs, 31 Irene Ave., Hamilton, Ohio 45011

**\*All adult volunteers are required to have a current Girl Scout membership and updated background check. Register and pay for your Girl Scout membership at [gswo.org/join](http://gswo.org/join) or contact customer care at 888-350-5090. Membership with a volunteer role will trigger an emailed criminal background check that needs completed once every 3 years. ADULTS WHO DO NOT HAVE A CURRENT BACKGROUND CHECK WILL NOT BE PERMITTED TO VOLUNTEER**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Volunteer's Code of Conduct

I, \_\_\_\_\_ (volunteer's name) understand that my attitude and behavior are important to my success and the success of others during camp. I will follow the Girl Scout Promise and Law and agree to the following:

1. I will be sensitive to the needs of my fellow volunteers and campers by performing my assigned duties including unit and camp kapers and participate in all camp activities
2. I will respect the spaces and the people at camp.
3. I will be responsible for my personal belongings.
4. I will treat equipment and people with care.
5. I will use any safety equipment provided for my own protection.
6. I understand that I will be sent home for any and all acts of physical aggression and threats of intimidation of physical injury.
7. I understand that the use of bad language is not allowed.
8. I understand that the use of alcohol, tobacco (including vaping) or drugs is strictly prohibited.
9. I understand that if I do not abide by the guidelines listed above, the camp director or other camp staff may take further actions, that may result in me not being able to volunteer at day camp. I also understand that if I am asked not to volunteer, my camper (if applicable) will NOT receive a refund if I choose not to send them back to camp.
10. I will limit my cell phone use to personal emergencies, camp business, and camp Photos.
11. I understand that the LPAs/PAs are in charge of running activities and I will only step in if asked.

This form must be signed by the volunteer and must be returned with the camp registration or brought to camp on the first day.

Volunteer's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ ER Phone # \_\_\_\_\_

**Insurance Information:**

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Insurance ID number or policy holder social security number: \_\_\_\_\_

**Emergency Contacts:**

Name	Relationship	Phone #

Please list any conditions that a first-aid or health provider would need to know:

\_\_\_\_\_

Allergies (list the allergy and what a reaction looks like, and first aid/treatment your physician recommends)

\_\_\_\_\_

Medications, dosage, and frequency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My immunizations are up to date     Yes     No

In the event that reasonable attempts to contact my designated person in an emergency have not been successful, I hereby give my consent for the administration of any treatment deemed necessary by medical personnel. This health history is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Date(s): Monday-Friday, July 7-11, 2025

Photographer/Producer: Girl Scouts of Western Ohio

Assignment: Day Camp 7A Once Upon A Day Camp

Location: Timberhill Metro Park, 5400 Timberhill Drive Hamilton, Ohio 45011

Activity: Building girls of courage, confidence, and character, who make the world a better place

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I hereby grant to Girl Scouts of Western Ohio, and others working for Girl Scouts of Western Ohio or on its behalf, and each of its respective licensees, successors and assigns (each a "Release"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively, "Media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by Girl Scouts of Western Ohio, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the Media.
2. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on Girl Scouts of Western Ohio to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releases from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by Girl Scouts of Western Ohio.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ Additional Phone (optional): (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

*(\*will not be used for any other purposes or distributed to third parties)*

Region: \_\_\_\_\_ Troop#: \_\_\_\_\_ Service Unit: \_\_\_\_\_

