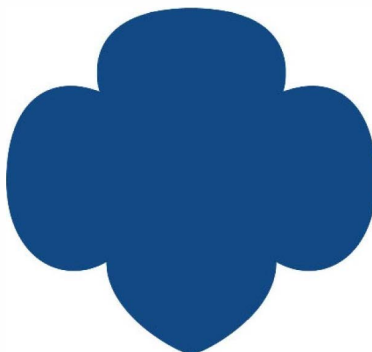


# Timber Hill Day Camp 8B

## Secrets of the Sea



Girls will have a fun time learning about marine wildlife and how to protect a balanced ecosystem. They will also enjoy all the camp basics like creek, crafts, songs, archery, sling shots and an overnight for older girls.

**For girls entering grades 1-7  
(in fall)  
or  
children of volunteers needing  
childcare at camp**

**Monday-Friday  
June 16 - June 20, 2025  
9:00 a.m.-3:00 p.m.**

**Girl Scout Day Camp 8B  
5400 Timberhill Drive  
Hamilton, OH 45011**

**Cost is:**

|                    |             |
|--------------------|-------------|
| <b>Pixies</b>      | <b>\$45</b> |
| <b>Grades K-3</b>  | <b>\$70</b> |
| <b>Grades 4-12</b> | <b>\$80</b> |

**Registration Deadline:  
Monday, March 31, 2025**

**Questions? Contact: Sam Donohue at 513.374.9665  
or [girlscouttimberhillpas@gmail.com](mailto:girlscouttimberhillpas@gmail.com).**



Camper's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

School: \_\_\_\_\_ County: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregiver's Email: \_\_\_\_\_

Custodial Care: ☐ Mother only ☐ Father only ☐ Both ☐ Other \_\_\_\_\_

Troop Leader's Name or Troop #: \_\_\_\_\_ Service Unit Name or #: \_\_\_\_\_

Camper is a: ☐ Girl Scout Member ☐ Re-registering Girl Scout ☐ New Girl Scout

Units: Grades correspond with fall of 2025

|                                       |      |   |      |
|---------------------------------------|------|---|------|
| Pixies                                | \$45 | Girl Scout Cadettes (Grades 6–8)            | \$80 |
| Girl Scout Daisies (Grades K–1)       | \$70 | Girl Scout Seniors/Ambassadors (Grade 9–12) | \$80 |
| Girl Girl Scout Brownies (Grades 2–3) | \$70 | Program Aide Training (Grades 7 & 8)        | \$80 |
| Girl Scout Juniors (Grades 4–5)       | \$80 | Check Youth or Adult and preferred size     |      |

Buddy's Name(s): \_\_\_\_\_

T-Shirt Sizes: Youth XS (2-4) SM (6-8) MED (10-12) LRG(14-16)

Adult S M L XL XXL XXXL

| Camp Registration  |      |
|--|------|
| Day Camp Fee   | \$   |
| Payment Method: Cash <input type="checkbox"/> Check <input type="checkbox"/> |      |
| Discount   | - \$ |
| Digital Dough  | - \$ |
| Financial Assistance Amount Requested  | - \$ |
| TOTAL Due  | = \$ |

**Membership Fee:** All campers must be registered Girl Scouts. To join Girl Scouts, the fee is an additional \$25 for membership through September 30, 2025. To register, go to [gsw.org](https://gsw.org). Please note that we can't register for you.

**Digital Dough:** To use your Digital Dough, follow this link: <https://www.gsw.org/en/cookies/digital-dough.html>  
Council will contact your registrar with your payment amount.

**Financial Assistance:** Register and pay for camp now for the amount that you can pay. A minimum of 50% of camp fee must be paid by camper. Camp staff will contact you with the amount of financial aid that you received and if there is a balance owed.

**Payment Discounts:** There is a \$15 discount given for each camper of an adult volunteer.

Financial Assistance (if needed): Please complete the section below. To be answered by a caregiver: How would this girl benefit from day camp?

I give full permission for my child to attend day camp and participate in all activities, except those noted. I agree to cooperate with the camp guidelines. I understand that my camper must have written permission to leave camp early or with someone other than a caregiver. If I cannot be reached in an emergency, I give permission to give emergency treatment to my child.

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

|  |  |
|--|--|
| <p>Deliver or mail completed Registration Form, Health Form, High Risk Form (4th gr &amp; older for archery), Twilight/Overnight Permission Form (JR/CD), Code of Conduct and fee to:</p> <p><b>Nicole Van Houten</b><br/> <b>5648 Neptune Way</b><br/> <b>Fairfield, OH 45014</b></p> | <p><b>Deadline:</b> Print forms single sided and deliver March 31st. Girls will be accepted on a first-come, first-served basis based on the number of volunteers available and according to postmark/delivery date. Priority will be given to girls with caregivers who are volunteering.</p> |
|--|--|



## Dear Caregiver:

Thank you for your interest in volunteer day camp. Through day camp, girls will have the opportunity to try new things and meet new people in a fun, safe and nurturing environment. Girls will participate in a variety of outdoor activities and Girl Scout activities led by trained volunteers. Girls entering grades 4–5 this fall may stay later for twilight camp (dinner and campfire) **Wednesday, June 18. Pick up at 8:30PM. Girls entering grades 6-12 may stay overnight. If there are extreme weather predictions, the twilight/overnight will be canceled.**

Our day camp will be staffed entirely by adult volunteers. Plan to enjoy this experience with your daughter. **We need your help!** Adults are needed as **unit leaders** who will enjoy camp activities with the girls that are pre-planned by administrative staff volunteers and assist girls in decision making as campers plan their unit activities for the week. **Girl Scout Junior unit leaders need to stay for Twilight activities and Cadette unit leaders need to stay overnight on Wednesday.**

Moms, dads, aunts, uncles, grandparents and other adult friends are welcome. A Girl Scout background is not necessary. Volunteers are asked to fill out the forms in the Adult Registration Packet. You may be asked to complete a Girl Scouts of Western Ohio Volunteer Application, a background check and become a registered member of Girl Scouts, depending on the volunteer role you choose to fill. **Contact Sam Donohue at [girlscouttimberhillpas@gmail.com](mailto:girlscouttimberhillpas@gmail.com) or 513.374.9665 for more information. Children of unit leaders working five days will receive a reduced rate on their day camp fee.** Your non-Girl Scout children, ages two (toilet trained) through 5, may attend camp in the Pixie unit. **We need help to set up camp (dads especially needed) on Saturday, June 14, and to take down camp on Friday, June 20, 2025.**

***Training is mandatory for all adult volunteers.***

**We are planning in-person trainings for Thursday, May 8 and Saturday, May 17, 2025.**

## Program Aide (PA) Training Unit:

Girls entering seventh or eighth grade and not already trained as a PA, will learn fire building/outdoor cooking at day camp and must complete PA Leadership/Core Training **before** camp. They may attend Core Training at the same time as our adult training or attend a council sponsored training. **If possible,** they also need to complete their Leadership in Action Award **before** camp. They may earn the LiA individually or with their troop. **The sixth-grade girls who attended our 2024 day camp in the Cadette unit earned their LiA during camp.**

## Girl Scout Cadette Unit:

We are offering a Girl Scout Cadette unit for girls entering sixth grade. Girls entering seventh grade who want to attend camp but do not want to train as a program aide will also be in this unit. They all will earn a LiA during camp.

**Transportation:** Girls will be transported to and from camp by caregivers. Drop off at camp will be 8:30-8:50 a.m. Pick up will be 3:00-3:20 p.m. More information will be in the confirmation packet.



**Activity Costs:** Includes patch and a camp T-shirt for all campers.

Pixies (volunteers' children ages 2–5 years must be toilet trained before camp begins) \$45

**Adults volunteering for all five days will get a \$15 per camper discount on the prices below. Send the discounted amount with the registration form. The fee for Pixies is already discounted.**

|  |      |
|--|------|
| Girl Scout Daisies/Brownies (Grades 1–3 in the fall of 2025) | \$70 |
| Girl Scout Juniors (Grades 4–5 in the fall of 2025)          | \$80 |
| Girl Scout Cadettes (Grades 6–8 in the fall of 2025)         | \$80 |
| PA training unit (Grades 7–8 in the fall of 2025)            | \$80 |

*(All girls and adults participating in camp must register as Girl Scouts.)*

T-shirts for each volunteer attending less than three days \$10 (optional)

**T-Shirts:** Included in the fee for all campers and provided for unit leaders working three to five days. Unit leaders working less than three days may purchase a camp T-shirt for \$10. Be sure to order the correct size on the registration form. Once T-shirts are ordered, they cannot be returned or exchanged. If in doubt, order the next larger size.

**Registration Procedure:** Print forms single sided. Drop off completed forms in the porch bin at Sharon Stacy's house or Nicole 's house (addresses below). You may mail the forms to Nicole, but since mail service is slow, make sure you allow extra days for on time delivery. Please email ([girlscouttimberhillpas@gmail.com](mailto:girlscouttimberhillpas@gmail.com)) if you mail your forms. No emailed forms will be accepted.

Girls will be accepted on a first-come, first-served basis based on the number of adult volunteers available and according to postmark/drop off date. Priority will be given to girls with a caregiver who is volunteering all week. If your daughter would like to attend camp with a friend, send registrations and fees for the girls in the **same envelope**, preferably 2, max of 3 girls in the buddy group. **Buddies must choose each other and be of the same age level.** Remember that buddies are not a requirement. Most campers come to camp without a buddy and make new friends quickly. Non-Girl Scout friends are welcome, but must become registered Girl Scouts. A confirmation email will be sent by April 19th indicating acceptance into camp.

**Make Checks Payable To "Girl Scout of Western Ohio VDC 8b":** Drop off or mail the Registration Form, Health Form, High Risk Form (only 4<sup>th</sup> grade and older for archery), Twilight/Overnight Permission Form (Girl Scout Juniors and Cadettes), Camp Code of Conduct and Fee to either :

**Nicole Van Houten**  
5648 Neptune Way  
Fairfield, OH 45014  
(513) 739-3484

**Sharon Stacy**  
3210 Tuscarora Court  
Hamilton, OH 45011  
(513) 560-7327

**Financial Assistance/Digital Dough:** Financial assistance may be available for girls who want to attend but are unable to do so because of limited family income. Applicants must pay at least 50 percent of the day camp fee. If the full amount requested is not awarded, payment for the remainder of the balance must be worked out with the day camp. If the family cannot pay 50 percent, contact Brenda Van Houten at (513) 874-3481. Cookie dough may be used for full or partial payment for camp. Note amount of cookie dough being used in the box on the registration form.

**Refund Policy:** No refunds are given for day camp except for the following reasons:

1. Cancellation: If the week of day camp is canceled or if camp capacity is reached, you will receive notice and a refund from the day camp.
2. Illness or accident: The day camp fee is refundable with a physician's statement.
3. Transfer: If a child moves from Girl Scouts of Western Ohio's jurisdiction prior to the first day of camp, a refund will be issued.
4. Summer School: If mandatory attendance is required at summer school, a refund will be given.

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Caregiver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregiver's Email: \_\_\_\_\_

### Transportation Information

#### Caregivers must list themselves here.

I understand that my daughter will **only** be released to the people listed below with proper ID:

| Name | Relationship to girl | Phone # |
|------|----------------------|---------|
|------|----------------------|---------|

|      |                      |         |
|------|----------------------|---------|
| Name | Relationship to girl | Phone # |
|------|----------------------|---------|

### Medical Information

This section **must** be completed by all girls and adults attending in order to register for camp.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Date of last injection—if this information is no longer available, write C for childhood if immunized as child.

DPT: \_\_\_\_\_ Measles/Mumps: \_\_\_\_\_ TB: \_\_\_\_\_ Polio: \_\_\_\_\_ Tetanus: \_\_\_\_\_ Hepatitis: \_\_\_\_\_

Are medications currently being taken: ☐ No ☐ Yes, please specify: \_\_\_\_\_ (below)

(Medication must be in original container with written instructions and given to the health supervisor at camp.)

Are there any special needs or accommodations required? If yes, please explain: \_\_\_\_\_ (below)

Are there any known behavior and/or emotional problems? If yes, please explain: \_\_\_\_\_ (below)

Allergies and/or dietary modifications: \_\_\_\_\_



Is participant in good physical condition with no serious illness or operation since last health exam?

☐ Yes ☐ No

If no, please specify: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Insurance Information:**

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

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

Policyholder's insurance ID number: \_\_\_\_\_

### **Emergency Contact Information**

Emergency contact in case we can't reach caregiver:

| Name | Relationship to girl | Phone # |
|------|----------------------|---------|
|------|----------------------|---------|

### **Caregiver Permission and Consent to Treatment**

(Name of participant) \_\_\_\_\_ is in good physical health and has had a physical examination in the past 12 months. Participant has my permission to attend Girl Scout day camp and to participate in all activities except those noted. I have read the day camp flier and understand and agree to cooperate with all regulations. I further understand that the deposit is refundable only for the reasons noted on the flier.

**Emergency Medical Authorization:** This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed Girl Scout activities except as specifically noted.

**Authorization for Treatment:** In the event reasonable attempts to contact me at the provided phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transfer the child to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

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

## ***CAMPER CODE OF CONDUCT***

I, \_\_\_\_\_ (Camper'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 campers by performing my assigned duties including unit and all-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 (including hitting, kicking, biting, hair pulling) and threats or 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 or drugs is prohibited.
9. I understand that if I do not abide by the guidelines listed above, the camp director will notify my caregivers, and I will be sent home. I also understand that if I am sent home early due to misconduct, I will not receive a refund.
10. I will use my cell phone only for emergencies and leave it in my backpack at all times.

**This form must be signed by both the camper and the caregiver and mailed to the camp director prior to camp.**

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date

I have read and understand and agree with the above responsibilities of my camper.

\_\_\_\_\_  
Caregiver's Signature

\_\_\_\_\_  
Date



## Twilight/Overnight Permission Form for Girl Scout Juniors and Cadettes

Going for Gold! Day Camp 8B

On **Wednesday, June 18, 2025** Girl Scout Juniors have the opportunity to stay later for twilight camp(dinner and campfire) and Cadettes may stay overnight at camp. If there are extreme weather predictions, the twilight/overnight will be canceled. They will participate in activities such as archery, cooking, songs, and campfires. **Girls who choose not to participate in twilight activities or stay overnight will go home at 3:00 p.m. (normal dismissal time) and return to camp the next morning.** Lunch (hot dogs, chips, veggies) will be provided on Thursday for all campers. Your unit leader will notify you if there are any changes. Additional information, including an equipment list, will be sent in late May with your camper's confirmation packet.

***This form cannot be turned in during camp if your daughter changes her mind and wants to stay overnight. We must reserve the overnight spaces when we receive the camp registrations. Please complete and return this form with your camper's registration to guarantee an overnight space.***

Caregivers please complete this section:

- ☐ No, my daughter \_\_\_\_\_ will not be attending the twilight/overnight at Timber Hill on **Wednesday, June 18**, and will be picked up at 3:00 p.m. (normal dismissal time).
- ☐ Yes, my daughter \_\_\_\_\_ has my permission to attend the twilight (Juniors) or overnight (Cadettes) at Timber Hill on **Wednesday, June 18**. I understand that she will be sleeping in a pitched tent or cabin (Girl Scout Cadette) or a tree house (PA training unit). Pick up Juniors at 8:30 p.m.

Caregiver's Name (please print): \_\_\_\_\_

Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number(s) where you can be reached **during this activity**: \_\_\_\_\_

**\*\*PA Training—Girl Scout Cadettes in the PA Training Unit\*\***

**The Leader in Action Award (LiA) must be completed before coming to day camp if possible.**

**My LiA was completed on \_\_\_\_\_ or will be completed by \_\_\_\_\_.**

If your camper attended camp last year as a Cadette, they have already completed their LiA.

Dates/times for our PA Leadership/Core Training (for girls in the PA Training Unit) will be decided later.

**If you do not attend one of these core trainings, you will need to take a council-sponsored training.**





## Participant Release and High Risk Form

This form must be completed by all participants (girls and adults) and submitted with registration. Please check all the activities that apply and **sign the form on the back**.

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Troop # \_\_\_\_\_.

Name and Date of Session/Event: \_\_\_\_\_.

Does this participant have any physical and/or mental health conditions, problems and/or disabilities, which may require accommodation or affect her/his safety and ability to participate in the activity?

**YES**    **NO**    If "yes" describe each:

The purpose of this form is to inform caregivers of the risk and to provide the opportunity for both their own evaluation of their participant's readiness for the activity and the reinforcement with their participant of the skills and behavior necessary to safely participate in the activity.

### TRANSPORTATION PERMISSION

My daughter has my permission to participate in off camp activities as described in the program activity description. My daughter may also be transported to medical facilities/appointments if the need arises. I understand that she will be transported in a camp vehicle designed for passengers.

### MEDICAL RELEASE/PERMISSION

My daughter is in good physical condition and has not had any serious illness or surgery since her last health examination. In case of an emergency, when I cannot be reached, I give permission for her to be treated by a qualified physician at the nearest hospital.

### HIGH RISK ACTIVITY RELEASE

I understand that if it is included in the description of my daughter's camp session or program event, she may be participating in activities on and off camp property that are considered high risk. I feel that my daughter is developmentally ready, both physically and emotionally, and possesses the skills needed to participate in the activities I have marked below. I have discussed with my daughter the importance of following safety guidelines, while participating in high risk activities.

**I understand the risks inherent in the below activities:** (Check all that apply during the program activity you or your daughter are attending, or that she has permission to participate in if given the opportunity. Then sign the bottom portion on the back of this form.)

☐ Archery    ☐ Axe-Throwing    ☐ Camping    ☐ Creeking    ☐ Hiking

☐ Long-jumping    ☐ Softball    ☐ Other

☐ \*Challenge Course and/or Climbing Wall (continue to the following section – initial each paragraph, then sign the bottom portion on the back of this form.) \_\_\_\_\_

Please read carefully before initialing and signing. Serious physical or psychological injury may result from your participation in this activity. Girl Scouts of Western Ohio does not guarantee your safety.

05-2670-04/2022



## WRITE INITIALS BELOW AFTER READING EACH SECTION

*Caregivers must also initial for minors*

\_\_\_\_/\_\_\_\_ I understand that my participation in this activity is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging and teaching techniques, but that my participation is purely voluntary. At all times, I will choose my level of participation in any activity. I have read the full value contract below, and agree to follow guidelines as presented.

\_\_\_\_/\_\_\_\_ I understand the employees of the Girl Scouts of Western Ohio have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child.

\_\_\_\_/\_\_\_\_ I understand that climbing, high challenge course, low challenge course, ground initiatives, zip line and other activities in the program for which I and/or my child have enrolled, entail risk. I elect to participate, or allow my child to participate, in spite of these risks.

\_\_\_\_/\_\_\_\_ **Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the Girl Scouts of Western Ohio, and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.**

\_\_\_\_/\_\_\_\_ I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

\_\_\_\_/\_\_\_\_ I grant the Girl Scouts of Western Ohio, and persons acting through them, the rights to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my child for use in materials they may create.

## FULL VALUE CONTRACT

The Full Value Contract is a set of agreements designed to help groups create a positive, creative and safe learning environment. While particular groups may choose to add to this list, the basic tenets of the Full Value Contract that all participants are expected to uphold include the following:

- **BE SAFE:** Adhere to the safety guidelines so you are able to relax and feel comfortable.
- **BE COMMITTED:** Be present mentally, physically, and emotionally to achieve the group's goals.
- **BE RESPECTFUL:** Respect yourself and others, the instructors and the equipment.
- **CHALLENGE BY CHOICE:** You select the level of challenges you are willing to experience.
- **HAVE FUN:** You should balance fun and working to achieve goals.

*By signing below, all participants and caregivers acknowledge they have read, understand, and agree to the terms of this document. One form per participant must be filled out. At least one caregiver must sign.*

## SIGNER STATEMENT OF AWARENESS

I/We, the undersigned, have read and do understand the foregoing type of activity, the risks of participation and warnings. I/We further attest that all facts relating to the participants physical condition and age are true and accurate.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Caregiver #1

For \_\_\_\_\_  
Name of Participant (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Caregiver #2

For \_\_\_\_\_  
Name of Participant (Print)

\_\_\_\_\_  
Date

Address in full: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Bus. Phone #: \_\_\_\_\_