

GIRL SCOUTS OF CONNECTICUT

Family Camp Confirmation Packet

CAMP TIMBER TRAILS



Girl Scouts.

(800) 922-2770 (203) 239-2922 Fax (203) 239-7220
www.gsofct.org camp@gsofct.org

Table of Contents

Family Camping Opportunities 3
General Information 4
Check-in and Check-out Procedures..... 5
Directions.....6
Packing List.....7
Timber Trails Adult Health History 8
Girl's health history can be found online www.gsofct.org



“Making Memories”

Additional Family Camping Opportunities

**Stars and Strips Family Camp Weekend – Arrive Friday July 2 , Depart Sunday July 4
Arrival Friday between 6-7 pm and departure Sunday 9 a.m.**

Camp Timber Trails offers a special opportunity for Girl Scouts and their families! You are invited to camp with your family in the 1100 wooded acres at the base of the beautiful Berkshire Mountains in western Massachusetts. You'll share a wonderful family experience, meet other Girl Scout families, and make new friends! This holiday weekend is a great time to use the facilities of Camp Timber Trails, get to meet the resident camp staff, and join the staff in celebrating July 4. We have planned some activities to complement your weekend. Lifeguards will be on duty at the waterfront for swimming, canoeing, rowboats and kayaking! We will have arts and crafts, archery, field games, and pony rides. Please bring a family picnic dinner for Friday evening. (Please remember no peanut product). There will be 3 meals on Saturday and Breakfast on Sunday that will be served family style in the dining hall.

Staff and volunteers will be on hand to run programs such as nature hikes, arts & crafts, boating, archery, and more!

Get the gang together and have a great time at this adventure-filled weekend at Camp Timber Trails. A \$5 fee for each pony ride must be paid at time of activity. All participants not currently registered must pay the \$12 membership fee.

Just for Girls –Mystery Madness

Arrive Friday September 24 at 6 pm, Depart Sunday September 26 at 9am

This weekend is for girls to bring their mother, aunt, grandmother, or other significant female over the age of 21 to camp. If you can't decide who to bring, then bring them all. Together you will enjoy all the great things that Timber Trails has to offer. After you have designed a tasty creation in our Iron Chef Cake decorating contest, you and your partner(s) will head off to help each other navigate our lake or work together on your archery skills. Nature walks, scavenger hunts, campfires, S'mores, and more! This weekend will be a fun one for the family scrapbook. All participants not currently registered must pay the \$12 membership fee.

Someone Special and Me

Arrive Friday October 8 at 6 pm and depart Sunday October 10 at 1 pm

This is a great opportunity for a Girl Scout to share a weekend at Camp Timber Trails with that special guy in her life. Invite your dad, favorite uncle, grandfather or foster dad to share in the fun while helping to maintain and improve the facility. Enjoy a beautiful autumn weekend in the Berkshires. Activities may include the following: boating, fishing, playfield games, a shop project, crafts, a cooking demonstration, orienteering, square dance, and campfire. This weekend has been the longest running program. It has been going strong for 42 years. All participants not currently registered 2010-2011 year must pay the \$12 membership fee.

Part of this weekend will include working on service projects to improve the facility, and making Timber Trails a better place for all Girl Scouts of CT.

Unfortunately, we cannot control the weather, and some activities may be suspended because of bad weather, such as rain, excessive heat, or thunderstorms. All these programs are held rain or shine in any event you will have great fun at Camp Timber Trails.

General Information

Families will be camping in a semi-primitive setting. There will be bugs and other critters out in the woods, and it gets very dark at night. None of the "unit" sleeping areas has electricity, so flashlights and extra batteries are a must. A battery operated lantern is a plus.

Families will be grouped together in "units" with other families whose children are about the same age. All programs include kapers (chores). These kapers will be shared by all families, performed daily, and may include sweeping, picking up litter, collecting and stacking firewood, cleaning flushies, hopping (setting and waiting tables), and Flag Ceremonies.

Daily Schedule

Families will receive the daily schedule of events with drop-in times for general activities and specific times for horseback riding, archery and boating. **(These are sign up first come first serve** in the dining hall on Friday night)

Sleeping Accommodations

Accommodations at Timber Trails consist of rustic wood cabins. Camp Timber Trails has five units, each containing five cabins and a centralized washstand with flushing toilets and sinks. Each cabin houses eight people.

Meals

At Timber Trails, meals are served family style in the dining hall. Please contact the director concerning allergies. We are a peanut free camp. vrykowski@gsfct.org

Family Buddies

Whenever possible we will honor a family's request to be with another family if: both families request each other on the application.

Animals

The Girl Scouts of Connecticut policy states that no animals are allowed at any of the program areas/ camp properties.

Luggage

A luggage list is enclosed. Please label all personal gear as well as luggage to avoid loss. Leave valuables, food, pets, and all electronics at home. **Girl Scouts of Connecticut cannot be responsible for campers' personal possessions.**

Trading Post

The trading post will be open. The trading post will accept cash and check. Pictures may be ordered and paid for at the trading post. The cost is \$12 for 8X10

Lost and Found Policy

Girl Scouts of Connecticut is not responsible for lost, damaged, or stolen items or medications. If you think you are missing anything, call Timber Trails at 1-413-258-4592. Lost property is held up to five days after the close of camp. Please be sure to check Lost and Found before leaving camp on closing day.

Medical Information

The laws of the state of Connecticut and the state of Massachusetts require every person at camp to have a Health Form or religious waiver on file at camp. The Health History form must be completed by the parent/ guardian. You can find the form on the website www.gsofct.org in the forms library. Medications are the sole responsibility of parents/guardians. Please keep in a secure lock box.

Please read this confirmation carefully so that you do not miss any fun and important information. It includes information on how to check in, direction to camp, packing list, emergency contact information and important safety information you need to know about your stay at camp.

Check in

Check in is between 6:00 and 7:00 pm. Please eat dinner before you arrive or feel free to bring a brown bag dinner with you to eat in the program center when you arrive. (No peanut products please)

- Wear comfortable shoes
- Keep all medications, money, bedding, and swim gear separate from luggage.
- Leave pets, food, and electronics including cell phones (campers only) at home.

When you arrive:

- Park in the designated parking lot. (Cars are not allowed past the parking lot in camp for the safety of all)
- You will find green wagons in the parking lot to help you carry your luggage to your unit.
- Your first stop is at our Program Center to check in and receive your unit and cabin assignments.
- Bring your luggage to your unit and settle in (Please return the carts to the parking lot when you are done so that the next family can use them)
- Return to the Program Center/Dinning Hall as soon as you are settled for our all camp meeting, family games and smores. At this time you will receive additional information about the weekend.

If you have any question about the weekend please contact our summer camp office at (413) 258-4592 or Valorie Rykowski via email vrykowski@gsfct.org

You will receive a camp map and weekend schedule upon arrival Friday.

Your accommodations will be one of five cabins in a unit. Each cabin holds 8 people. They do not have electricity so do not forget you flashlight. A battery operated lantern is a plus. Each unit has a centralized wash stand that contains 4 flushing toilet and a sink unit that has only cold water. There is a light on all of the washstands so they are easy to find at night. There is a centralized shower house that is divided for men and woman.

All of the meals will be served in the Dinning Hall at set times. Breakfast is served at 8:00 am, lunch at 12:30 and dinner at 6:00. Please be sure to be prompt for all meals.

The contact number for camp is (413) 258-4592. It is for emergency contact only.

Please note that Pony rides will be an additional \$5.00 per Ride. There may be a small fee for some of our craft items as well. (Only available at Family and Troop camping events)

Checkout will be at 9 am on Sunday directly following breakfast for both Stars and Strips and Just for Girls. Someone Special and Me is Sunday at 1pm following lunch.

Please remember to thoroughly check your cabin for forgotten property and that all the cabins and the entire unit are cleaned and swept.

DIRECTIONS TO CAMP

- From Massachusetts Route 8 North or South, turn onto Route 57 East. Take a left turn onto East Otis Road at the Camp Timber Trails sign. Go approximately 2 ½ miles and at the street light turn right to enter camp.

- From Massachusetts Route 57 West, after entering the town of Tolland, look for a large overhead sign indicating a steep hill. Take a right turn onto East Otis Road (you will see the sign for Camp Timber Trails), approximately ½ mile after that sign. Go approximately 2 ½ miles and at the street light turn right to enter camp.

- From East or South of Hartford, I-91 North, take exit 40, Bradley International Airport. Take route 20, Granby. At Granby center follow signs to Route 189 North. In Granville, MA, take a left onto Route 57. After entering the town of Tolland, look for a large overhead sign indicating a steep hill. Take a right turn onto East Otis Road (you will see the sign for Camp Timber Trails), approximately ½ mile after the large overhead sign. Go approximately 2 ½ miles and at the street light turn right to enter camp.

- From west of Hartford, pick up Route 189 North near the University of Hartford and proceed as above.

Packing List

- Pajamas
- Swimsuit (Summer Programs)
- Sunscreen: SPF 15 or higher
- Insect repellent (no aerosol)
- Hat
- Bandana
- Underwear (1 for each day plus two spare)
- Socks (1 for each day plus two spare)
- Sturdy Shoes/Sneakers (closed toes and closed heels)
- 1 pair of wet shoes (for boating)
- Jeans or long pants
- Raincoat or poncho
- Toilet Articles (soap, shampoo, toothbrush and paste, comb, hair ties)
- Shorts
- T Shirts
- Sweatshirt or Summer Jacket(Heavier for Fall Program)
- Shower Shoes (these can be flip flops, but are only to be worn in the shower.)
- Fitted sheet (twin size) and/or flat sheet
- Sleeping bag or blanket and sheets
- Pillow
- Towel
- Washcloth
- Flashlight and extra batteries (Camp gets dark at night!)
- Water bottle (preferably 1 Liter with strap.)
- Day Pack (book bag or backpack)
- Battery operated Lantern
- Hot beverage mug with cover

- Horseback Riding Program (Summer Only)
- Long Pants for Riding
 - Riding Boots or tie shoe with hard sole and 1/2" heel
 - Money for pony ride (\$5) (Summer Only)

Optional

- Stationary and stamps
- Address book
- Camera and film (disposable)
- Mosquito netting
- Headlamp
- Money for Trading Post and pictures (Weekend group picture \$12)

Leave at Home

- Cell Phones(Campers only)
- Duct tape
- Electronics (personal music players, video games, etc.)
- Food (snacks and meals will be provided)
- Pets
- Pocket knives or hazardous materials
- These items are prohibited and will be confiscated.

- ****Keep Medications in a secure lock box with health forms. Parents/guardians and troop leaders are responsible for all medication of campers in their care. (Medications should not be kept on persons. The exception would be inhalers and epi-pen) ****
- All Medication/Vitamins should be brought in original containers (prescription and over-the-counter)

Please note the things that we **do not allow in camp** for the health and safety of all camper, camp staff and property.

- **No cars/driving in camp**
- **No food in the units**
- **No chewing gum**
- **No smoking in the units.**
- **No alcohol on camp property.**
- **No pets allowed on camp property (this includes dogs on leashes and in cars)**

CAMP TIMBER TRAILS FAMILY CAMP ADULT HEALTH HISTORY

Please print all information.

First Name: _____ Last Name: _____

In the event of an emergency and you cannot give directions regarding your treatment, the following information is requested.

Do you suffer from any chronic or recurring illness or disability? (Please circle) Yes No
If yes, please describe (example: convulsions, diabetes, asthma, mobility impairment, etc.)

Does the above limit your activities in any way? (Please circle) Yes No
If yes, please describe.

Date of your last Tetanus Shot: _____ Month _____ Year _____

Please list any allergies (example: penicillin, insect bites, aspirin, specific foods, etc.):

Do you normally carry any medication? (Please circle) Yes No
If yes, please list what it is and how it should be administered.

EMERGENCY CONTACTS:

1) Name: _____
Phone: Day: _____ Eve: _____ Cell: _____

2) Alternate Name: _____
Phone: Day: _____ Eve: _____ Cell: _____

Name of Physician: _____ Phone: _____
Hospital preferred _____ Insurance Carrier _____ Policy # _____

In the event that the persons listed above cannot be reached, would you give permission to have necessary medical treatment administered? (Please circle) Yes No

Health Information Privacy Statement: The Girl Scout Adult Health Record is for health care concerns at Girl Scout activities and programs 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 supervising volunteers/staff. Minimal necessary information may be shared with activity staff/volunteers in order to provide adequate participant safety and health care. The health form will be retained by the designated Girl Scout representative until it is destroyed. 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.

Signature: _____ Date: _____



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770

CAMP NAME:
SESSION DATES:

GIRL/STAFF HEALTH RECORD - HEALTH HISTORY

Page 1

- To be completed by parent/guardian or staff member, as applicable.
- This form should provide current information for summer camp.
- If you wish to use this form for other purposes, you should copy it prior to sending it to GSOFACT. GSOFACT maintains forms as required by law, but requires new submission of form annually.

Mail completed health record to:
Girl Scouts of Connecticut
Outdoor Program Department
20 Washington Avenue
North Haven, CT 06473

Participant Information					
Name (Last, First, Initial)		Parent/Guardian		Birth date	Age
Address			City	ST	Zip
Home Phone ()	Work Phone ()	Cell Phone ()			
In Emergency Notify	Relationship to Girl	Cell Phone ()	Home Phone ()	Work Phone ()	

Insurance Information (List your primary policy. This information may be released, if necessary, for insurance purposes.)		
Carrier	ID Number	Group Number
Member Services Phone Number	Address	I accept full responsibility for the costs of any medical care/treatment I have hereby authorized.

Health History (Check all that apply.)		
Diseases	Allergies	Chronic or Recurring Illness
<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	<input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medicines <input type="checkbox"/> Asthma <input type="checkbox"/> Penicillin	<input type="checkbox"/> Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Pollen <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures/Convulsions <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Fatigue		
<input type="checkbox"/> Bed Wetting <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Arthritis <input type="checkbox"/> Sinusitis <input type="checkbox"/> Frequent Headaches <input type="checkbox"/> Other _____		

My daughter has permission to take or use the following, if available or if provided by me in their original container. During summer camp, over-the-counter medications may only be administered in an emergency when an R.N. is the camp's Director of First Aid and according to the Camp Physician's Standing Orders.

<input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Antibiotic Ointment/Bacitracin/Bactoban <input type="checkbox"/> Antacids <input type="checkbox"/> Calamine/Caladryl <input type="checkbox"/> Wound Wash	<input type="checkbox"/> Benadryl/antihistamine <input type="checkbox"/> Antidiarrheal <input type="checkbox"/> Tums/antacid <input type="checkbox"/> Robitussin/expectorant <input type="checkbox"/> Swimmer's Ear/alcohol-vinegar solution	<input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Hydrogen Peroxide <input type="checkbox"/> Epinephrine <input type="checkbox"/> Advil/ Ibuprofen <input type="checkbox"/> Epi-Pen Jr. (up to 9 years of age) <input type="checkbox"/> Epi-Pen (over 9 years of age)
--	--	---

Restrictions (The following restrictions apply to this individual.)

Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs Peanuts Other (describe)

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary). Attach explanation, if needed.

General Questions (Please explain any "yes" answers, noting the number of the questions. Attach explanation, if needed.)					
Has/does the participant:	Yes	No	Yes	No	
1. Had any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	9. Have frequent nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have a history of bedwetting?	<input type="checkbox"/>	<input type="checkbox"/>
3. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have any skin problems (e.g., itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have severe menstrual cramps?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have an orthodontic appliance being brought to activity?	<input type="checkbox"/>	<input type="checkbox"/>
7. Had an operation or serious injury?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had a chronic or recurring illness or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>			

Health Information Privacy Statement

The Girl/Staff Health Record is for health care concerns at summer camp 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 during summer camp. Minimal necessary information may be shared with camp staff in order to provide adequate participant safety and health care. The 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 coordinator by the participant or her 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.

This health history is complete and accurate. My child has permission to engage in all prescribed activities, except as noted by me and/or the examining physician. I hereby authorize the Girl Scouts of Connecticut (GSOFACT) and any medical personnel selected by the Camp to provide medical assessment and routine medical treatment/services to my child, including hospitalization, and necessary related transportation, and in case of an emergency, authorize the provision of medically necessary treatment/services, including transfer to a hospital or facility for emergency treatment/services. I release GSOFACT and its officers, directors, employees, personnel, agents, and contractors, from and against any and all claims and liability arising from or related to the provision, authorization and administration of medical treatment, services and medication to my child. My child has not had any serious illness, injury or operation since the day of her last medical examination.

Signature of Parent/Guardian/Staff Member _____ Date _____



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770

GIRL/STAFF HEALTH RECORD - HEALTH EXAMINATION AND IMMUNIZATION P2

➤ **To be filled in by physician** after review of health history with parent/guardian/staff member.
➤ This form must be completed within the 24 months preceding a girl's participation in summer camp.
➤ If you wish to use this form for other purposes, you should copy it prior to sending it to GSOFC. GSOFC maintains forms as required by law, but requires new submission of form annually.

Mail completed health record to:
Girl Scouts of Connecticut
Outdoor Program Department
20 Washington Avenue
North Haven, CT 06473

Girl Name (Last, First, Initial)	Date of Examination
----------------------------------	---------------------

Health Examination (This part is to be filled in by physician after review of health history with parent/guardian.)

Height	Weight	Blood Pressure	Appearance-Nutrition
Eyes: Without Glasses	Left: 20/___	Right: 20/___	With Glasses Left: 20/___ Right: 20/___
Color Vision:			Physician's Comments
Ears: Hearing: Right: _____ Left: _____			
Code: Satisfactory: <input checked="" type="checkbox"/> Not Satisfactory: <input type="checkbox"/> Not Examined: <input type="checkbox"/>			
Nose			
Throat			
Teeth	Genitalia		Current Treatment (include current medications):
Heart	Hernia		
Lungs	Skin		Explanation of any reported loss of consciousness, convulsion or concussion:
Abdomen	Musculoskeletal		
Physical/ emotional status			Does the applicant have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Urinalysis*			Does the applicant have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No

* Not required for every health examination. A girl 5-10 should have this test if she has not already had it, either when entering school or at any time since. A girl 11-18 should have this test if she has not had it since entering puberty.

Record of Immunizations

Immunization	Year Primary Series Completed	Year of Last Booster	Immunization	Year Primary Series Completed	Year of Last Booster
DTaP			Oral Polio		
Diphtheria			Measles		
Pertussis (Whooping Cough)			Mumps		
Tetanus			Rubella		
Hep B**			Chicken Pox		
Td***			Meningitis		

Tuberculin test - year last given _____ Result _____

Other _____

**Effective January 1, 1999, for all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required (105CMR430.155(4)).
 ***Adult tetanus-diphtheria toxoid

When an R.N. is the camp Director of First Aid, I give permission to administer the medication marked below, according to the Camp Physician's Standing Orders.

<input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Antibiotic Ointment/Bacitracin/Bactoban <input type="checkbox"/> Antacids <input type="checkbox"/> Calamine/Caladryl <input type="checkbox"/> Wound Wash	<input type="checkbox"/> Benadryl/antihistamine <input type="checkbox"/> Anti-diarrheal <input type="checkbox"/> Tums/antacid <input type="checkbox"/> Robitussin/expectorant <input type="checkbox"/> Swimmer's Ear/alcohol-vinegar solution	<input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Hydrogen Peroxide <input type="checkbox"/> Epinephrine <input type="checkbox"/> Advil/ Ibuprofen <input type="checkbox"/> Epi-Pen Jr. (up to 9 years of age) <input type="checkbox"/> Epi-Pen (over 9 years of age)
--	---	---

Physician's Recommendations

Has the applicant been on any medication within the last six (6) months? Yes No If yes, please explain:

For female: Has this person menstruated? Yes No If not, has she told you about it? Yes No If yes, is her menstrual history normal? Yes No

Physician's Recommendations and Restrictions While at Camp

Any treatment to be continued at camp: _____

Any Medications to be administered at camp (specific dosages): _____

Any medically prescribed meal plan or dietary restrictions: _____

Any allergies (food, drug, plants, insects, etc.): _____

Any physical activity to be restricted? _____

Additional health information: _____

This person is in satisfactory condition and may engage in all usual activities, except as noted.

Licensed physician's name	Licensed physician's signature
---------------------------	--------------------------------

City _____ ST _____ Zip Code _____

Phone _____ Date _____

If over-the-counter or prescription medications may be taken at summer camp, PLEASE COMPLETE, SIGN, AND ATTACH THE CAMP MEDICATION ADMINISTRATION AUTHORIZATION FORM. INCLUDE DOSAGE AND ANY POTENTIAL HARMFUL INTERACTIONS (e.g., food, medications, environmental).



GIRL SCOUTS OF CONNECTICUT

(800) 922-2770 www.gsofct.org

CONSENT TO PARTICIPATE AND RELEASE

Camper's Name (Please Print) _____ Camp _____

Girl Scouts of Connecticut camps and outdoor program centers frequently have rustic facilities and uneven terrain that may include hills, woodlands, and waterfront areas whose navigation may require concentrated physical exertion (such as walking, hiking, or swimming). Many of the programs/activities described in camp or program literature and provided by Girl Scouts of Connecticut include a variety of rigorous physical activities in the outdoors. By signing this consent for your child to participate, you acknowledge that your child's participation in the program activities, as described in the camp brochure and other materials, requires an acceptance of possible serious injury to your child. You have made your own judgment that your child is capable of participating in activities at camp. You also are representing to Girl Scouts of Connecticut that your child has no undisclosed condition that might affect her fitness or ability to participate with or without reasonable accommodation. Please list below any conditions that might affect your child's ability to participate fully in a particular activity and identify any medical restrictions. We are requesting this information so that we can work with you to determine an appropriate level of participation. Disabilities or medical restrictions will not automatically exclude your child from participating in an activity.

In any program/activity at summer camp, there is always some risk of personal injury or property damage. In return for the agreement to permit your child to participate, you agree that you will not sue Girl Scouts of Connecticut (hereafter the "Council") and its members, employees, agents, assigns, or volunteers for any injury to your child that results from or is aggravated by the inherent risks of your child's participation in a program/activity at summer camp. The inherent risks involved in participation in any program/activity include those injuries which result from circumstances or actions of persons who are not employees or agents of the Council.

Please read this agreement carefully and make certain that you understand it fully before signing it. By signing below you may be giving up substantial rights that belong to you and your child. You agree that you are signing this consent freely and voluntarily.

My child is in good health and does not have any health condition or disability that might affect her ability to participate in:

- | | Yes | No |
|---|--------------------------|--|
| General activities (All camps) | <input type="checkbox"/> | <input type="checkbox"/> Please initial: _____ |
| Challenge Course and Climbing Wall activities
(Candlewood, Pattagansett, Timber Trails) | <input type="checkbox"/> | <input type="checkbox"/> Please initial: _____ |
| Horseback Riding activities
(Aspetuck, Katoya, Laurel, Timber Trails) | <input type="checkbox"/> | <input type="checkbox"/> Please initial: _____ |

If No, please identify the health condition or disability. Please include such items as allergies, medical restrictions, inability to read directions at an age-appropriate level, or similar factors that employees, agents, assigns, or volunteers of the Council should keep in mind when working with your child.

I certify that I, as parent/guardian with legal responsibility for _____, do consent and agree to her participation in camp programs as described in the camp brochure or other Girl Scout program literature on the terms described above and state that I have completed the form truthfully to the best of my knowledge and ability. I understand that without this form, my camper may not participate in any programs/ activities at summer camp. I agree to instruct my camper to follow all safety instructions given by staff during programs/ activities.

Parent/Guardian's Name (Please print)

Parent/Guardian's Signature

Date Signed