

2022 Camp Ocankusa Live the Tradition Registration Form

Please complete the form in its entirety & please make sure all information on the form is legible

Registration for Camp Ocankusa closes on Friday, May 6th. Return completed form & full payment to **(make checks payable to Girl Scouts):**

Corrie Mayher
104 Lark Lane
Bismarck, ND 58504

One registration form required per girl. Please make checks payable to Girl Scouts. IF the event becomes full, the scout will be placed on a waiting list. Adult contact will be notified of wait list status and if spots become available.

When registering for camp, select the scout level your daughter will be in for the 2022-2023 school year:

- Entering 1st, 2nd or 3rd grade
- Entering 4th or 5th grade
- Entering 6th grade

Camper First & Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Troop #: _____ Grade in 2022-2023 School Year: _____

*****Please note that Camp Ocankusa has very unlevel grounds & steep areas, if your daughter will need assistance during camp, an adult chaperone needs to accompany her**

T-shirt Size:

- Youth Small
- Youth Medium
- Youth Large
- Adult Medium
- Adult Large
- Adult XL
- Adult XXL

Parent First & Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Daytime phone: _____ Evening Phone: _____ Cell Phone: _____

Email address: _____

****If you would like to help at camp, please complete the Volunteer registration packet and send in with your camper registration packet.**

Total Due: **\$65.00** ***no refunds will be issued after the registration close date*

Form of Payment

- Cash
- Check
- Dakota Dough

To Be Completed by Girl Scout Staff Only

- Registration Form Received – date received: _____
- Health & Permission Form Received – date received: _____
- Pick-up Form Received – date received: _____

Health and Permission Card

Completed by parent/guardian and reviewed with physician at time of examination.

Scout Name (Last, First, MI): _____ Date of Birth: _____ Age: ____
Parent or Guardian Name (Last, First): _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone Number (include area code): _____ Cell Phone: _____
Email Address: _____ Troop#: _____
Emergency Contact: _____ Phone Number: _____

Health History (check all that apply)

Allergies (specify)

- Animals Foods Hay Fever Insect Stings
 Carries Epi-pen? Plants Pollen Medicine/Drugs (list):
Reason: _____

Chronic or Recurring Illness

- Ear Infections Heart Defect/Disease Seizures Bleeding/Clotting Disorders
 Asthma Musculoskeletal Disorder Diabetes Other (specify)

Other Health Conditions

<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Constipation	<input type="checkbox"/> Menstrual Cramps	<input type="checkbox"/> Motion Sickness
<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Sickle Cell Trait/Disease	<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Fainting	<input type="checkbox"/> Special Dietary Needs	<input type="checkbox"/> Wears glasses or contact lenses	<input type="checkbox"/> Other (specify)

Please explain any items that are checked above. Indicate any information that would be useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be restricted:

Year of Last Tetanus booster: _____ Date of last health examination: _____

Is Participant's immunization record up-to-date? Yes No

List daily medications: _____
Doctor: _____ Preferred Hospital: _____
Insurance Provider: _____ Policy Number: _____

PARENT/GUARDIAN AUTHORIZATION:

This health history is complete and accurate, and the person herein described has my permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician named above, or if not available, to the physician selected by the adult in charge, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Please update and sign annually

Date: _____ Parent/Guardian Signature: _____



Parent or Guardian Permission for Participation in Live the Tradition Camp

HOLD HARMLESS AGREEMENT: I hereby release and hold harmless Girl Scouts – Dakota Horizons from any and all claims or liability arising from, out of or associated with my child’s participation in the Live the Tradition Camp held at Camp Ocankusa. My signature below is my release of the council, its agents and employees to the activities at Live the Tradition Camp.

PHOTO RELEASE AGREEMENT: I, the undersigned, do hereby grant permission to Live the Tradition Camp (Camp Ocankusa) to post pictures taken during camp to the Camp Ocankusa Facebook page.

My daughter has permission to participate in the Live the Tradition Camp held at Camp Ocankusa. I will make sure she does not attend if she is not feeling well.

Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Parent Guardian Phone Number: _____

Emergency Contact Name (please print): _____

Emergency Contact Phone Number: _____

Pick UpForm

Please list the person or persons who you authorize to pick up your daughter from Camp Ocankusa. Camp staff will be referencing this list during check-out procedures.

Adults will be required to show ID when picking up a camper.

Name: _____
Phone Number: _____
Relationship to girl _____

Name: _____
Phone Number: _____
Relationship to girl _____

The people listed above have my permission to pick up my daughter (name – please print):
_____ from Live the Tradition Camp at Camp Ocankusa

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____