



Camp Imagination

For Girls in Grades K-5



Come join us for a week of Girl Scout fun at Camp Imagination! Some of our activities will include:

- ✂️ Crafts
- ✂️ Girl Scout Traditions
- ✂️ Outdoor Activities
- ✂️ Science
- ✂️ And so much more!

Come try something new, make friends, and have a ton of fun!

Camp Imagination is a community outreach camp designed as an introductory program for girls who are not currently Girl Scouts.



Dates: April 10th-April 13th, 2017

Hours: 9am-4pm (No before or after care)

Location: Gunston Middle School,
2700 S Lang St, Arlington VA

Cost: \$40 Financial Assistance Available
Fees include: Transportation and snack
Camp fees are non-refundable

Campers should bring a healthy lunch and beverage/Water Bottle to camp each day.
Snack provided daily.

Free Transportation Provided!

Please see the registration form on the back to select your bus stop. Times will be confirmed after registration is complete.

To Register for Camp Imagination visit:

https://www.surveymonkey.com/r/gscnc_spring

Or complete the registration form, attach a check for the camp fees and return to:

Girl Scout Council of the Nation's Capital
Attn: Camp Imagination

4301 Connecticut Avenue, NW M-2 DC 20008

For questions or more information, contact:

Josephine Gilliland, 202.534.3763, jgilliland@gscnc.org



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CAMPER INFORMATION	Name: First Name _____ Last _____ Date of Birth _____ Age _____			
	Address _____		Apartment _____	
	City _____	State _____	Zip _____	Home Phone _____
	Name: Parent/Guardian 1 _____ Email _____			
PARENT/ GUARDIAN	Parent/Guardian 1 Cell Phone _____		Work Phone _____ Home Phone _____	
	Name: Parent/Guardian 2 _____ Email _____			
	Parent/Guardian 2 Cell Phone _____		Work Phone _____ Home Phone _____	
EMERGENCY CONTACT	Custodial Care: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother/Guardian Only <input type="checkbox"/> Father/Guardian Only <input type="checkbox"/> Other (Specify) _____			
	Emergency Contact Information other than those listed above. By including names and contact information below, I authorize the Camp Director to call these individuals in the event a parent/guardian cannot be reached. I also authorize my child to be released to these individuals.			
	Emergency Contact _____		Relationship _____ Phone Number _____	
DEMOGRAPHICS	<small><i>Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following information (as defined by the US census), you ensure support and funding for girls in your community. Hispanic/Latina is defined as an ethnicity by the US census, not a race, therefore is reported separately.</i></small>			
	She is: (Check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> I choose not to share at this time		She is Hispanic or Latina: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to share at this time	
	Name of School _____		School Town _____ School State _____	
HEALTH HISTORY	Current Grade in School _____		Is an Epi-Pen Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Allergies (Please list all) _____			
	Please specify any accommodations that are needed _____			
	Health Concerns _____			
Disabilities: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Emotional <input type="checkbox"/> Behavioral <input type="checkbox"/> Learning <input type="checkbox"/> Not Applicable <input type="checkbox"/> Physical <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Visual		Please specify any accommodations that are needed: _____		
Medication Information: Will your daughter be bringing medication to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No (A MEDICATION FORM MUST ACCOMPANY) <input type="checkbox"/> Epi-pen <input type="checkbox"/> Insulin <input type="checkbox"/> Inhaler <input type="checkbox"/> Over the Counter _____ <input type="checkbox"/> Prescription _____				
Authorization Statement The information and health history is correct so far as I know, and the person herein described has my permission to participate in all prescribed activities as noted. If she/he appears to be ill, I will not send her/him to the program. I understand my daughter will become a registered member of the Girl Scouts of the USA through participation in this program. I hereby give permission to the medical personnel selected by the camp director or her/his designee to order x-rays, routine tests and treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or her/his designee, to hospitalize, secure proper treatment for, and/or injection, and/or anesthesia, and/or surgery for my child as named above.				
Parent/Guardian Signature _____		Print Parent/Guardian Name _____		
		Date _____		

Volunteer at Camp
 Adults are needed as volunteers at camp. Children of volunteers receive a discount. Are you interested in volunteering at camp?
 Yes No

Photo Release Agreement
 The Girl Scout Council of the Nation's Capital and the Girl Scouts of the USA (GSUSA) may use photographs in which my child appears to promote Girl Scouting.
 Yes No

Pick Your Bus Stop
 This program offers transportation free of charge to all participants.
 Do you need bus transportation?
 Yes No
 Please select your bus stop:
 Timber Lane Elementary
 Haycock Elementary
 Churchill Elementary
 Drew Model Elementary
 Tuckahoe Elementary
 Francis Scott Key Elementary
 Freedom Hill Elementary
 Marshall Road Elementary
 Mosby Woods Elementary
 I will pick up and drop off my child at camp every day

Payment Information
 The Program registration fees are \$40. The fees are non-refundable.
 The Girl Scout Council of the Nation's Capital offers financial assistance to make camp available to all girls grades K-5. Please remember that we want to offer financial assistance to as many girls as possible, so only request what your family truly needs.
My family requests the following amount in financial assistance toward the registration fee:
 \$ _____