



Girl Scouts®

Girl Scouts – North Carolina Coastal Pines  
P.O. Box 91649, Raleigh, North Carolina 27675  
1-919-782-3021 or 1-800-284-4475



# Being Green -- It's a Natural Thing



Camp Caddell  
at SanLee Park  
June 15-19, 2009

# Presented by Lee and Western Harnett Counties Girl Scouts

## Camp Caddell Day Camp

**Theme:** *Being Green -- It's a Natural Thing*

Day Camp gives girls a good camping experience at a reasonable cost. It reinforces the skills she has learned with her troop and provides opportunities to learn new things, make new friends, and have lots of fun! Girls will do outdoor cooking, hiking, boating, learn outdoor skills, and become acquainted with the wildlife around them.

**Cost:** See Registration

**Financial Assistance:** Financial assistance, based on need, is available for Day Camp. Campership applications are available from the Raleigh Service Center (1-800-284-4475) or the Sanford Service Center (919-774-6519) or contact Sandie Lemons at 919-776-3264 or sjlemons9@winstream.net. To apply for financial assistance, complete the Campership application and registration form, and mail along with \$5.00 to Tracy Cheatham at the address below. Please check the box "Financial Assistance Requested" on the day camp registration.

**Registration Deadline:** Final registration deadline date: **May 10, 2009.** Please register by the deadline to ensure your child will receive the correct size t-shirt, as well as patches and insignia earned.

**How to Register:** Send completed form and fee **within two weeks** of receipt of registration form to:

**Tracy Cheatham**  
1616 Owl's Nest Road  
Sanford, NC 27330

*\*Make checks payable to:  
Girl Scouts – NC Coastal Pines*

**Refunds:** Day Camp fees are non-refundable

**What to Bring:** Food and Drink will be provided.

- ◆ Hand towel
- ◆ Dunk bags
- ◆ Insect repellent, no spray cans
- ◆ If raining, rain coat and boots
- ◆ Sit-upon
- ◆ Shoes and socks at all times (**no open toe shoes**)
- ◆ Complete change of clothing
- ◆ Mess kits and utensils
- ◆ Sunscreen

**Health Statement:** Please fill in Health History and Medications form. Registrations cannot be accepted without these attached forms.

**Hours: 9 a.m. – 3:30 p.m.**

Rising 4<sup>th</sup> graders, Juniors and Cadettes — one overnight — if pre-registered and pre-paid. 4<sup>th</sup> grade girls must have had at least 1 overnight camping experience with their troop in order to attend the overnight camp-out. Overnight will be Wednesday, June 17, 2009.

**Help Needed:** The Day Camp program can only be run if we have sufficient adult help. If you are available to help, please indicate on the registration form, or call Sandie Lemons (776-3264). All volunteers must submit to a criminal record check and be a registered Girl Scout. After the checks have been completed and approved, all volunteers must receive training for the position they will be filling. Training is provided. Training will be offered, Tuesday, April 28, 2009 from 6:00p.m until 7:00p.m inside the church for P.A.'s and Saturday, May 16, 2009 from 10:00a.m until 1:00p.m.at SanLee Park Group Campsites for adult leaders and P.A.'s working at day camp. **This is a mandatory training for girls and adults.**

# 2009 CAMP CADDELL DAY CAMP REGISTRATION

Please complete this form (both sides) and return to Tracy Cheatham with camp fee.

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Age (at camp time) \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Troop # \_\_\_\_\_ Grade in fall \_\_\_\_\_ Level in Girl Scouts this Fall: 2<sup>nd</sup> year D B J C S

Parent or Guardian \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

We encourage you voluntarily to provide the following information on racial background and ethnicity. This information will be used by Pines of Carolina Girl Scout Council to help improve outreach efforts and advance the Girl Scout Movement.

The registrant's racial background is: (please check as many as apply)

\_\_\_ American Indian or Alaskan Native \_\_\_ Asian \_\_\_ Black or African American  
\_\_\_ Hawaiian or Pacific Islander \_\_\_ White \_\_\_ Other (specify \_\_\_\_\_)

The registrant's ethnic background is: (please check one)

\_\_\_ Hispanic or Latina \_\_\_ Not Hispanic or Latina

T-shirt Sizes: Adult \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL

Child \_\_\_ M \_\_\_ L \_\_\_ XL

\_\_\_\_\_ Girl Scout Camper — \$60  
\_\_\_\_\_ Non-Girl Scouts — \$70 (\$10 will be used for Girl Scout Membership)  
\_\_\_\_\_ Overnight fee — \$5 (Must be 4th grade and up & have 1 overnight experience with troop)  
\_\_\_\_\_ Staff Child — \$30.00 (Must volunteer at least 4 days)  
\_\_\_\_\_ Cadette or Senior Helper — \$30.00

\_\_\_\_\_ **Total Enclosed**

**Financial Assistance Requested**

Buddy Preference (if possible) \_\_\_\_\_

*\*All girls from one troop will not be together.*

Adult Help: **Yes, I can help** \_\_\_ **5 days** \_\_\_ **Thursday overnight** \_\_\_ I have a child who will  
need to be in the Little Dears Unit — # and ages: \_\_\_\_\_

Other (list): \_\_\_ I will be lifeguard \_\_\_ I have camping skills, knots, etc. \_\_\_ Transportation  
\_\_\_ Craft Experience \_\_\_ I have Red Cross First Aid \_\_\_ I can be Camp Nurse

**TO PARENT OR GUARDIAN** — This application must have your signature before camper can be accepted. My daughter has my permission to participate in Camp Caddell Day Camp. Pictures and/or videos of my daughter(s) taken at camp may be used to promote Girl Scout Programs. I give my permission for my daughter to become a Girl Scout if she is not all ready one.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*\*\* Remember to complete the Health History and Medication form included with this application. \*\*\*

## MEDICATIONS FOR TRIPS/EVENTS/DAY CAMPS

This form must be completed for each event or trip at which your daughter is to be given medication. Please read this form carefully and fill out the required information for your daughter's safety and comfort.

Name of trip/event/camp \_\_\_\_\_ Camp Caddell \_\_\_\_\_ Date of trip/event/camp \_\_\_\_\_ June 15 – 19, 2009 \_\_\_\_\_

Person in charge of trip/event/camp \_\_\_\_\_ Sandie Lemons \_\_\_\_\_

**Written parental consent is required before a minor (under 18) Girl Scout may be given any medication or treatment of any kind.** During trips or at events, girls may need medication for ailments such as headaches, stomachaches, diarrhea, or a low-grade fever. They might need sunscreen, insect repellent or chapstick. You **MUST** send any over the counter medication your daughter may need in the original bottle/package (INCLUDING ASPIRIN, TYLENOL, ETC.). Prescription drugs must be in the original bottle/ package with the physician's instructions for administering them. Put all drugs in a ziploc bag and label it with your daughter's name. Medication will be available from the adult in charge of first aid and can be given as specified by instructions on the label for prescription drugs or by written instructions from parents/guardians for over the counter drugs. Complete the middle part of this form with instructions.

Girls may keep asthma sprays, epi-pens, insect repellent, sunscreen, or chapstick with them if they know how to use them. All other medication must be turned in to the adult in charge of first aid, unless we have a note signed by a physician stating that a girl must keep a certain medication with her.

**It is the responsibility of the girl/parent to make sure all medication is picked up at the end of the trip/event/camp.**

List all over the counter and/or prescription medication that your daughter will have at this trip/event/camp. **Give exact instructions for administering over-the-counter medications. We cannot administer over-the-counter medication without written instructions.**

MEDICATION	INSTRUCTIONS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Medication/chemical treatments recommended by the American Red Cross:**

The following items are recommended by the American Red Cross as the appropriate treatment for these conditions. **Initial each treatment you want your daughter to receive if needed.** These medications should be available in trip/event/camp first aid kits. **No other medication is available unless sent with your daughter.**

- |   |   |
|---|---|
| _____ Poisoning   | Syrup of Ipecac, Activated Charcoal - administered as directed by the Carolina Poison Control Center, 1-800-848-6946. |
| _____ Small wounds, cuts, animal or tick bite, minor burn | Antibiotic ointment   |
| _____ Poison Ivy  | Topical antihistamine such as Caladryl or hydrocortisone cream  |
| _____ Marine life stings                                  | Baking soda and salt water  |
| _____ Sunburn   | Aloe gel  |
| _____ Insect bites  | Topical antihistamine   |

I give my permission for my daughter/ward \_\_\_\_\_ to take the medications listed above and, if needed, to have any of the treatments I have initialed.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

