



# Camp Colony Creek 2025

In today's world, our girls need a variety of skills: First Aid, outdoor/camping, safety, problem solving, social/friendships, financial management, and more. Camp Colony Creek 2025 provides opportunities to develop and increase these skills.

Girls will have a ton of fun in workshops they have chosen, earn Girl Scout badges/patches all while making new friends and experiencing our twilight camp traditions.

Our **Twilight Camp** is an event hosted by the Colony Creek Girl Scout Community and planned for the late afternoon/evening to provide working parents an opportunity to volunteer at the event. The operation of this event is 100% dependent upon VOLUNTEER personnel. It cannot happen without parent participation. It's the perfect time for parents to support their daughter as she builds **Courage, Confidence, and Character** to make the world a better place.

At Camp Colony Creek, Girl Scout Daisies work on a patch program designed just for them. Girl Scout Brownies, Juniors, and Cadettes have an opportunity to choose their preferred workshops. Workshops will be held if there is sufficient girl interest in them. Some workshops have maximum participation limits. Each workshop offers fun activities meeting the requirements for campers to earn a Girl Scout level badge or patch.

- **PROGRAM AIDES** are Girl Scout Cadettes going into 8th grade (Fall 2025) who assist Older Girl Workshop Leaders and/or Adult Workshop Leaders with various camp workshops.
- **'OWLS' = Older girl Workshop Leaders** are Girl Scout Seniors and Ambassadors, going into 9th-12th grade (Fall 2025). They may volunteer as workshop leaders to help younger girls earn badges.

**DATES:** June 16, 17 & 18, 2025 (Monday, Tuesday, & Wednesday)

**TIME:** 3:00 P.M. - 8:00 P.M.

**PLACE:** Christ Church - Sugar Land at 3300 Austin Parkway, Sugar Land, TX 77479

**2025 PA/OWL FEE:** \$20.00 per PA/OWL [PA/OWL fees include the 2025 camp t-shirt & patch, snacks for 3 days and surprise goodies.]

**HOW TO APPLY TO BE A PA/OWL:** PAs and OWLs must complete a written and video application. If you have not received the 2025 application form, send a request by email to: **CCCOWLPA@gmail.com** The final day to submit both the written and video applications is **April 23rd**. Once the applicant receives an email confirmation that she has been approved to volunteer at Camp Colony Creek, the registration process should begin ASAP. The deadline for registration is Wednesday, April 30, 2025.

**HOW TO REGISTER AS A PA/OWL:** \*STEP 1\* (REQUIRED): Sign-Up as a PA/OWL on our Camp Colony Creek 2025 website and provide information we need for camp preparation (t-shirt size, contact information, etc.)

**campcolonycreek.com**

\*STEP 2\* ((REQUIRED): Choose a method to pay the PA/OWL fee.

Using the online CheddarUp option, payment may be made by credit card or e-check (link found on the camp website). We also accept personal checks, money orders or cash.

\*STEP 3\* (REQUIRED): Download the required editable PDF forms packet found on the camp website, and complete them. Save them on your computer. A parent/guardian signature is required on most forms.

**NEW!!** Upload the completed and signed PA/OWL forms to our camp website.

-- OR -- Download the editable PDF forms from the camp website and complete them. Save them on your computer. PRINT the forms and sign each form. Deliver as instructed below.

-- OR -- Download and print the camper forms packet and complete them by hand. Please print in CAPITAL letters and in ink. Sign all forms. Deliver with camper fee as instructed below.

Registration is considered complete when ALL required paperwork and fees are received.

**DEADLINE:** ALL registrations **MUST BE RECEIVED BY Wednesday, April 30, 2025.**

**MAIL/DELIVER FORMS TO:** **Camp Colony Creek 2025, c/o BJ Bonner, 3522 Amphora Circle, Sugar Land, TX 77479**

Additional postage may be needed for a timely delivery! DO NOT wait until April 30 to mail your registration forms.

→ **Our camp staff is offering a final, one time only, registration drop off opportunity on Wed., April 30, from 5 to 8 pm. Location: Christ Church-Sugar Land Family Life Center, 3300 Austin Parkway, Sugar Land, 77479. Do NOT leave registration packets with the church staff.**

Campers and Adult Volunteers register using separate registration packets, found on our camp website.

**NEW & FORMER GIRL SCOUTS:** If your PA/OWL is not a current member of Girl Scouts, please register her online (gssjc.org). Follow the steps described on Page 2 of this packet.

**CONFIRMATION:** Confirmation of registration will be emailed to individuals when registration is determined complete. Notice of an incomplete registration will be sent by email. Additional messages with camp information (emergency contact info, camper attire, supplies, and drop off/pick-up information) will be sent by email closer to the start of camp.

**DIRECTORS:** BJ Bonner, Jeenal Nihalani & Yvonne Gibbs

**EMAIL CONTACT:** **GSCampColonyCreek@gmail.com**

# Camp Colony Creek 2025

## Program Aide/OWL Registration Packet



Older Girl Scouts seeking to be Program Aides and OWLs at Camp Colony Creek 2025 are required to submit a written and a video application by **April 23, 2025**. After receiving an email confirmation that she has been approved to volunteer at Camp Colony Creek, it is time to complete the registration process.

**HOW TO REGISTER:** Start by visiting our Camp Colony Creek 2025 website, sign-in and find the 'Sign-Up a PA/OWL' option:  
**campcolonycreek.com**

The information provided online allows to gather and organize the data for pre-camp preparation and organization. **Please help us by providing the same information on the PA/OWL Registration form in this packet and indicating your method of payment.**

**NEW!** Download the PA/OWL packet, complete it, save it. Parent/guardian signatures are required. Upload your forms packet on our camp website.

-OR- print the completed forms, making sure they are signed. Mail/deliver to the address below.

-OR- print the blank forms packet and complete them by hand (in CAPITAL letters). Mail or deliver to the address below, making sure it is RECEIVED by April 30, 2025.

Registration is considered complete when ALL required paperwork & fees have been received.

### Be sure to submit the following items for each Program Aide/OWL:

- \_\_\_\_\_ 1 Program Aide/OWL Registration form, page 3 of this packet
- \_\_\_\_\_ 2 Behavior Agreement form, GSSJC O-221, found in this packet - **must be signed**
- \_\_\_\_\_ 3 TWO Girl Scout Permission Slips, F-204, found in this packet - **must be signed**
- \_\_\_\_\_ 4 Girl Scout Medical Information form, F-185, found in this packet - **must be signed**
- \_\_\_\_\_ 5 Authorization for Release of Information, GSSJC O-40, in this packet - **must be signed**  
*This is GSSJC's HIPPA form - authorizing the use or disclosure of girl member's identifiable health information to First Responders in case of an emergency. We recommend this form be completed and signed.*
- \_\_\_\_\_ 6 Assumption of Risk Release of Liability and Indemnity Agreement, GSSJC F-1157, found in this packet -- **must be signed**
- \_\_\_\_\_ 7 Photocopy of Insurance Card (as requested on the GS Medical Information form, GSSJC F-185)
- \_\_\_\_\_ 8 Copy of the girl's Immunization Record (if not provided on pg 2 of the GS Medical Information form)
- \_\_\_\_\_ 9 Payment: Credit card or e-check using the CheddarUp App linked to our camp website -OR- Checks made payable to 'Camp Colony Creek' -OR- Cash.

**MAIL/DELIVER FORMS TO:** Camp Colony Creek 2025, c/o BJ Bonner, 3522 Amphora Circle, Sugar Land, TX 77479

➔ **Our camp staff is offering a final, one time only, registration drop off opportunity on Wed, April 30, from 5 to 8pm. Location: Christ Church-Sugar Land, Family Life Center. [3300 Austin Pkwy, Sugar Land 77479] Do NOT leave registration packets with the church staff. Our event is NOT a church event.**

**DEADLINE:** Registrations must be received by **Wednesday, April 30, 2025**. Please do NOT wait until April 30th to put your registration packet in the mail. Additional postage may be required. for a timely delivery!

**NEW OR FORMER GIRL SCOUTS:** If your PA/OWL is not a current member of Girls Scouts USA, please register her Online (gssjc.org). Follow the prompts to 'Become a Girl Scout/Join Us', 'Be a Girl Scout', 'Find a Troop'. Look for and choose '*Troop157NeedsPlacement*' when asked to select a troop. Complete the GSUSA-registration process and payment.

*Please note:* The current membership fee for the remainder of the 2025 year, ending 9/30/2025, is \$25.00. The annual GSUSA fee for the 2026 membership year for girls will increase to \$45.00. As of April 1, 2025, an extended girl membership option will be offered for 18 months of GSUSA membership, ending 9/30/2026, for \$63.00. This is an option for 1st time members joining during the summer months. Please print and forward the confirmation email received following completion of GSUSA-registration to our camp email. Thank you.

➔ Please forward the confirmation email received following completion of GSUSA-registration to our camp email.

Questions and issues with the GSUSA registration process should be directed to the GSSJC Customer Service Staff: 713-292-0300.

**QUESTIONS?** Contact us by email: **GSCampColonyCreek@gmail.com**

# Camp Colony Creek 2025-- Registration Form for Program Aides & Workshop Leaders

(Please TYPE in all CAPITAL letters)

Program Aide/OWL Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade (fall 2025) \_\_\_\_\_  
 Troop Number: \_\_\_\_\_ Girl Scout level (fall 2025): Cadette  Senior  Ambassador   
 GS Community: Colony Creek  or other (please specify) \_\_\_\_\_  
 Parent Cell Phone: \_\_\_\_\_ PA/OWL Cell Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City / State: \_\_\_\_\_ / \_\_\_\_\_ Zip Code: \_\_\_\_\_ Camp Nickname: \_\_\_\_\_

Family Email Address: \_\_\_\_\_  
 PA/OWL Email Address: \_\_\_\_\_

*Note: Camp Colony Creek uses e-mail as the primary form for all communication to parents/guardians.*

**If you are not a current member of Girl Scouts, please register Online (gssjc.org).**

Follow the prompts to 'Join Us'/Be a Girl Scout'. On the 'Find a Troop' page, search for and select 'Troop157NeedsPlacement'. Continue the GSUSA-registration process. Save the confirmation email received when the Online registration is complete as proof of GSUSA registration. Please include it with your registration forms.

<b>PROGRAM AIDE &amp; WORKSHOP LEADER FEE</b>	<i>Registered GS in grades 8 through 12 who are assisting leading program at camp.</i>	<b>\$20.00</b>
<p><b>PROGRAM AIDES and WORKSHOP LEADERS will receive ONE 2024 camp T-shirt.</b> All volunteers should wear the 2025 camp T-shirt every day of camp.</p> <p>Size options (please check/circle):</p> <p>Youth Sizes: <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16)</p> <p>Adult Sizes: <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL</p>		
I want to purchase an <i>extra 2024 Volunteer T-shirt</i> . Specify <b>size</b> of shirt: Youth Sizes: <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16) Adult Sizes: <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL		_____ (# of extra shirts) X \$11.00 = \$
<b>PAYMENT - Check #</b> _____ Make checks payable to 'Camp Colony Creek'	<input type="radio"/> Cash <input type="radio"/> We paid using the Cheddar Up App	<b>Total Payment:</b> \$

**Quick Check:**

Have you applied to be a Program Aide or OWL at this year's Camp Colony Creek yet?	Yes	No
Have you been a Camper at Camp Colony Creek before?	Yes	No
Have you been a Program Aide at Camp Colony Creek before?	Yes	No
Have you led a workshop at Camp Colony Creek before?	Yes	No

<b>For Camp Staff ONLY:</b>	Rec'd	Fee	Reg	Beh	Per 1	Per 2	Rel	Risk	Med	Ins	Imm
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# Camper Behavior Agreement

## Girl Scouts of San Jacinto Council

Camp is a place for you to have fun, improve skills, become more independent, make new friends, develop social skills, experience a different environment and learn from a positive adult role model. To be successful at Girl Scout camp it is important to remember the Girl Scout Promise and live by the Girl Scout Law. **All campers and older girls (PA/ OWLs) are asked to sign the Camper Behavior Agreement form along with their parent/guardian.**

### The Girl Scout Law

**I will do my best to be:**

**honest and fair,**

**friendly and helpful,**

**considerate and caring,**

**courageous and strong,**

**and responsible for what I say and do,**

- ✓  I agree to respect other campers' and workshop leaders' belongings and space. I understand this means I will not touch anything that belongs to another camper or workshop leader without their permission.
- I agree to help other campers and workshop leaders keep camp clean. I will pick up after myself.
- I agree to be a responsible camper and will make every effort to improve our camp community every day.
- I agree not to bring portable electronic devices to camp. I understand that Camp Colony Creek/GSSJC is not responsible for my electronic items.
- If I bring a cell phone to camp, I agree to keep it in my personal backpack/bag at all times.
- I agree to follow all camp rules.

**and to respect myself and others,**

**respect authority,**

**use resources wisely,**

**make the world a better place, and**

**be a sister to every Girl Scout**

- ✓  I agree to respect the authority of camp staff and workshop leaders, follow and accept their directions.
- I agree to use appropriate language and behavior. Excessive rowdiness, fighting, sexual harassment, racial remarks, bullying, inappropriate gestures or any acts of violence are unacceptable.
- I agree not to bring alcohol, tobacco, controlled substances or illegal drugs to camp.
- I agree to respect all property both man-made and natural resources.
- I agree to do my best to have fun, try new things, learn something new, make new friends and enjoy my camp experience in the spirit of Girl Scouting.

Both camper and parent/guardian have read and understood the Camper Behavior Agreement and agree to follow the practices during her stay at Girl Scout camp. We also understand that failure to comply may result in being prohibited from participating in specific activities, being sent home or not enjoying all the opportunities camp has to offer.

**Camper's Name:** \_\_\_\_\_

**CAMPER'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have read the Camper Behavior Agreement, and will help my daughter follow the camp rules.**

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Program Aide & OWL Training / PPreparation / MMeetings

GIRL SCOUT PERMISSION SLIP #2 of 2 for Program Aides/OWLs

Camp Colony Creek 2025-- Girl Scouts of San Jacinto Council

(THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY, USE BLACK INK.)

Keep a copy of this form for reference!

Girl's Name: Troop/Group # Age:

My daughter has my permission to attend the activity/activities listed below. She will not attend if she is not feeling well. I give my permission to have her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. My signature on this document also allows Girl Scouts to use photographs, voice, and/or video of my child for Public Relations purposes. My daughter may have opportunities in the future to attend activities other than the ones listed on this form. I acknowledge that if I give permission for her to participate in such activities in the future, it is under the same conditions that are set out in this form, including with respect to transportation. (Leader: Attach future parent permissions to this form.)

Leader should communicate complete information about each planned activity to parent/legal guardian, including activity, location, date/time, departure time/place, return time/place, cost, dress, what to bring, and other pertinent information.

Activity: CCC 2025 - Program Aide/Senior & Ambassador training Date: Sunday, April 2, 2-5pm
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times and location).

CCC 2025 - IMPORTANT mtg for OWLs: Workshop Selection, Planning, Leadership Skills

Activity: IMPORTANT mtg for PAs - Responsibilities, Safety, Songs, Ceremony Date: Sunday, May 4, 2-5pm
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times and location).

Activity: CCC 2025 - meeting with OWLs only - Workshop Planning and Review Date: Sunday, June 1, 2-5pm
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times and location).

Activity: CCC 2025 - meeting with OWLs only (if needed) Final workshop details/ review Date: Sunday, June 8, 2-5pm
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times and location).

Activity: CCC 2025 - ALL Program Aides & OWLs - Camp Set-Up at Christ Church Date: Sunday, June 15, time TBA A
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times).

Activity: CCC 2025 - ALL Program Aides & OWLs - Camp Set-Up at Christ Church Date: Monday, June 16, time TBA A
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times).

TRANSPORTATION RELEASE: I understand that troop/group leaders must obtain the written consent of parent/guardian for every girl wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled troop/group meeting. I accept responsibility for the transportation of my child to and from any Girl Scout activity and recognize that transportation to and from Girl Scout events is not the responsibility of Girl Scouts of San Jacinto Council. I recognize that the driver of any such carpool or bus service that I arrange is not acting as an agent of Girl Scouts of San Jacinto Council. It is my expressed intention to hold Girl Scouts of San Jacinto Council harmless for any and all injuries, death or damages arising from or in any way related to any such transportation.

I give my permission for my daughter to participate in Boating, Swimming, Horseback Riding, or other strenuous activities. If no exceptions, she may participate in all activities. EXCEPTIONS:

My daughter may not be released to:
If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name: Day:( ) Evn:( ) Relationship:

Name: Day:( ) Evn:( ) Relationship:

Medication(s) she can have:

Medication(s) she cannot have:

Note: Any medications must be provided in original containers along with a signed note and instructions.

Signature of Parent/Legal Guardian Phone # Pager or Cell Phone Date

Print Name of Parent/Legal Guardian

GIRL SCOUT INSURANCE CARRIER: MUTUAL OF OMAHA For confirmation, contact Girl Scouts of San Jacinto Council 713-292-0300 or 1-800-392-4340

**GIRL SCOUT PERMISSION SLIP for Camp Colony Creek 2025**  
Girl Scouts of San Jacinto Council

(THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY, USE BLACK INK.)

GIRL'S NAME \_\_\_\_\_ TROOP/GROUP # \_\_\_\_\_

*Parent/Legal Guardian: Copy this entire form to retain this information*

Activity/Place: Camp Colony Creek 2025 Date(s): June 16-18, 2025 (Mon-Wed)

Leaving from: Christ Church-SL, 3300 Austin Parkway, Sugar Land 77479 Time of departure: arrive by 3:00pm each day

Returning to: Christ Church-SL, 3300 Austin Parkway, Sugar Land 77479 Time of return: pick up @ 8:00pm each day

Bring: Water bottle, Hat, Small Backpack/drawstring bag, Lunch/Dinner & drink Fee: see online registration

Dress: REQUIRED: Closed-toe & closed-back shoes, Shirts with sleeves (NO sleeveless shirts allowed)

Adult in charge: BJ Bonner, Jeenal Nihalani & Yvonne Gibbs, camp co-directors Phone: (emergency camp # to be provided before camp)

Contact adult: Camp Directors listed above Email: gscampcolonycreek@gmail.com

*Return this entire completed & signed form with Camp Registration forms by April 30, 2025.*

Girl's Name: \_\_\_\_\_ Troop/Group # \_\_\_\_\_ Age: \_\_\_\_\_

Activity: Camp Colony Creek 2025 Date: June 16-18, 2025

My daughter has my permission to attend the activity listed above. She will not attend if she is not feeling well. I give my permission to have her treated by a licensed medical professional if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. My signature on this document also allows Girl Scouts to use **photographs, voice, and/or video of my child for Public Relations purposes**. My daughter may have opportunities in the future to attend activities other than the ones listed on this form. I acknowledge that if I give permission for her to participate in such activities in the future, it is under the same conditions that are set out in this form, unless specifically updated, including with respect to transportation. (Leader: Attach future parent permissions to this form.)

**TRANSPORTATION RELEASE:** I understand that troop/group leaders must obtain the written consent of parent/guardian for every girl wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled troop/group meeting. I accept responsibility for the transportation of my child to and from any Girl Scout activity and recognize that transportation to and from Girl Scout events is not the responsibility of Girl Scouts of San Jacinto Council. I recognize that the driver of any such carpool or bus service that I arrange is not acting as an agent or on behalf of Girl Scouts of San Jacinto Council. It is my expressed intention to hold Girl Scouts of San Jacinto Council harmless for any and all claims, injuries, death, or damages arising from or in any way related to any such transportation.

I give my permission for my daughter to participate in Boating, Swimming, Horseback Riding, or other strenuous activities. If no exceptions, she may participate in all activities at this outing. **EXCEPTIONS:** \_\_\_\_\_

My daughter **may not** be released to: \_\_\_\_\_  
**If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.**

Name: \_\_\_\_\_ Day: ( ) Evn: ( ) Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Day: ( ) Evn: ( ) Relationship: \_\_\_\_\_

I have provided medication(s) for my child to take with the supervision of the Leader/First Aider. Yes: _____ No: _____ (attach a list if necessary)		
Medication:	Dosage:	How Often:

Medication(s) she can have: \_\_\_\_\_

Medication(s) she **cannot** have: \_\_\_\_\_

Disease exposed to in last 30-days: \_\_\_\_\_

**Signature of Parent/Legal Guardian** \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

**Print Name of Parent/Legal Guardian** \_\_\_\_\_

GIRL SCOUT INSURANCE CARRIER: MUTUAL OF OMAHA For confirmation, contact Girl Scouts of San Jacinto Council 713-292-0300 or 1-800-392-4340

# GIRL SCOUT MEDICAL INFORMATION

## Girl Scouts of San Jacinto Council

THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY, USE BLACK INK.

Girl's Name \_\_\_\_\_ Troop/Group # \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of last Health Exam \_\_\_\_\_

Girl's Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**HOSPITAL INSURANCE INFORMATION Attach photocopy of insurance card.**

Name of Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's name \_\_\_\_\_ Member ID# \_\_\_\_\_

Company name if insured through employer \_\_\_\_\_ Phone: \_\_\_\_\_

Others who could be contacted to authorize treatments:

Name \_\_\_\_\_ Day phone \_\_\_\_\_ Evn phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Day phone \_\_\_\_\_ Evn phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PART I Allergies** (Check those that apply. Specify cause and nature of reactions - e.g. penicillin causes hives.)

Animals       Plants       Food       Medicine/Drugs \_\_\_\_\_  
 Hayfever       Pollen       Insect Sting \_\_\_\_\_  
 Other: \_\_\_\_\_

In case of an allergic reaction, respond by \_\_\_\_\_

**PART II Health Conditions** (Check those that apply.)

Chronic or reoccurring illness: \_\_\_\_\_

Asthma       Musculoskeletal Disorders       Kidney Disease  
 Diabetes       Heart Disease/Defects       Hypertension  
 Seizures       Bleeding/Clotting Disorder       Ear Infection  
 Other: \_\_\_\_\_

**IN THE LAST YEAR: (ANSWER YES OR NO)**

Complicating medical problems/operations? \_\_\_\_\_ Serious injury/illness requiring medical care? \_\_\_\_\_

**Explain:**

**SPECIFIC INSTRUCTIONS / ONGOING TREATMENTS:**

**PART III Other Health Conditions** (Check those that apply.)

Sleep disturbances       Motion sickness       Constipation/diarrhea       Bedwetting  
 Hepatitis A / B / C       Menstrual complications       Sickle cell trait or disease       ADHD / ADD  
 Emotional disturbances       Hearing impairment       Special dietary regiment       Fainting  
 Physical disabilities       Frequent headaches       Wears contact lenses/glasses       Nosebleeds  
 Orthodontic appliances       Eating disorders  
 Other specify \_\_\_\_\_

Please explain. Indicate any information useful to the adult in charge in relation to any of the above health conditions.

Indicate any activity to be encouraged or restricted \_\_\_\_\_

Dietary Needs / Restrictions: \_\_\_\_\_

**PART IV**

<b>Immunization/Disease History (Please complete or attach a copy of this child's Immunization Record)</b>			
<b>Immunization</b>	<b>Year Primary Series Completed</b>	<b>Year of Last Booster</b>	<b>Has had Disease</b>
D.T.P.			
Diphtheria			
Pertussis (whooping cough)			
Tetanus			
Td (tetanus/diphtheria)			
Measles			
Mumps			
Rubella (German Measles)			
Chicken Pox			
Oral Polio			
Hib			
Hepatitis B			
Tuberculin Test Result (most recent)			
Other			

Listed are medication(s) my child will routinely take with the supervision of the Leader/First Aider. (Attach a list if necessary.)		
Medication:	Dosage:	How Often:

(indicate girl's name) will self-administer.		
<input type="checkbox"/> Epi-pen		
<input type="checkbox"/> Bronchial inhaler		
<input type="checkbox"/> Diabetic medication		
Please specify dosage and frequency:		

**Over the Counter Medication(s):**

She can have: \_\_\_\_\_

She **cannot** have: \_\_\_\_\_

**Parent's/Legal Guardian's Authorization:** This health history is correct so far as I know, and the person herein described has permission to engage in all planned trip activities except as noted by the examining physician or me.

**TRANSPORTATION RELEASE:** I authorize transportation for my child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for the benefit/safety/well-being of my child. It is my expressed intention to hold Girl Scouts of San Jacinto Council harmless for any and all injuries, death or damages arising from or in any way related to any such transportation.

**CONSENT TO TREAT:** I hereby give permission to the physician selected [by the trip coordinator] to order X-rays, routine tests and treatment for the health of my child, in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the first aider/trip coordinator to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

The information disclosed on this form may be released to Volunteer/Staff responsible for this activity including, but not limited to troop/group leaders, drivers, medical personnel, etc.

My signature confirms that the above information is correct to the best of my knowledge and that I am authorized to execute the information form and release.			
<b>Signature of Parent / Legal Guardian</b>	<b>Full Name of Child</b>	<b>Relationship to Child</b>	<b>Date</b>
_____	_____	_____	_____
<b>Print Name of Parent/Legal Guardian</b>	<b>Day Phone</b>	<b>Even Phone</b>	<b>Cell</b>
_____	_____	_____	_____
<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
_____	_____	_____	_____



**Girl Scouts of San Jacinto Council  
Assumption of Risk, Release of Liability, and Indemnity Agreement**

Girl's or Adult's Name \_\_\_\_\_ Troop # \_\_\_\_\_

**Rules and regulations:** I (and/or, as applicable, my minor child) hereby agree to be bound and to abide by the rules, regulations, and policies of Girl Scouts of San Jacinto Council ("GSSJC"), as may be amended from time to time.

**Contagious or infectious disease:** I am aware of the highly contagious nature of illnesses that could be present in our community including coronavirus(es) (including, without limitation, COVID-19) and influenza, as well as the symptoms, illnesses, and effects these illnesses cause. I am also aware that by participating in any GSSJC activity, I, my minor child, my family, our household members, and those with whom we come into contact, could experience exposure to or infection by contagious or infectious diseases, as well as their serious effects, which include illness, injury, permanent disability, and death. I acknowledge that this risk may result from or be compounded by the acts or omissions of others, including GSSJC employees and volunteers. I understand that GSSJC cannot guarantee that I, my family members, my household members, or those people with whom we come into contact, will not become infected with a contagious or infectious disease as a result of participating in GSSJC activities or while on GSSJC premises (collectively, "Contagious or Infectious Disease Risks").

**Equitation and farm animal activity:** I understand that Camp Pryor, Misty Meadows Ranch, and other GSSJC properties from time to time provide equitation and farm animal activities. I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with equitation and/or any farm animal activities and know that equitation and/or any farm animal activities are inherently dangerous, and that participation in any equitation and/or any farm animal activities involves risks and dangers including, without limitation: the potential for serious bodily injury (including, without limitation, broken bones, head or neck injuries), sickness and disease (including communicable diseases or allergic reactions), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property; accidents arising out of the unpredictable behavior of any farm animals (including, without limitation, any equines (such as a horse, pony, mule, donkey, or hinny), bovines, sheep, goats, pigs, hogs, ratites (such as an ostrich, rhea, or emu), chicken and other fowl, and honeybees kept in a managed colony); exposure to extreme conditions and circumstances; accidents involving other participants, staff, volunteers, or spectators; contact or collision with other participants, farm animals, and/or natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of equipment; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of GSSJC staff and volunteers; and other undefined, not readily foreseeable and presently unknown risks and dangers.

**I further understand, acknowledge, and agree to heed the following FARM ANIMALS WARNING(S):**

**WARNING**

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL OR FARM OWNER OR LESSEE IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES, INCLUDING AN EMPLOYEE OR INDEPENDENT CONTRACTOR, RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**

**WARNING**

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A LIVESTOCK SHOW SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN A LIVESTOCK SHOW RESULTING FROM THE INHERENT RISKS OF LIVESTOCK SHOW ACTIVITIES.**

**WARNING**

**ANY FARM ANIMAL ACTIVITY CAN BE DANGEROUS. PARTICIPATE AT YOUR OWN RISK. UNDER THE LAWS OF THE STATE OF TEXAS (TEX. CIV. PRAC. & REM. CODE CH. 87, ET. SEQ.), ALL PERSONS, INCLUDING A FARM ANIMAL ACTIVITY SPONSOR, FARM ANIMAL PROFESSIONAL, FARM OWNER OR LESSEE, LIVESTOCK PRODUCER, LIVESTOCK SHOW PARTICIPANT, OR LIVESTOCK SHOW SPONSOR, ARE NOT LIABLE FOR PROPERTY DAMAGE OR DAMAGES ARISING FROM THE PERSONAL INJURY OR DEATH OF A PARTICIPANT IN A FARM ANIMAL ACTIVITY OR LIVESTOCK SHOW IF THE PROPERTY DAMAGE, INJURY, OR DEATH RESULTS FROM THE DANGERS OR CONDITIONS THAT ARE AN INHERENT RISK OF A FARM ANIMAL, A FARM ANIMAL ACTIVITY, THE SHOWING OF AN ANIMAL ON A COMPETITIVE BASIS IN A LIVESTOCK SHOW, OR THE RAISING OR HANDLING OF LIVESTOCK ON A FARM, INCLUDING: (1) THE PROPENSITY OF A FARM ANIMAL OR LIVESTOCK ANIMAL TO BEHAVE IN WAYS THAT MAY RESULT IN PERSONAL**

**INJURY OR DEATH TO A PERSON ON THE ANIMAL, HANDLING THE ANIMAL, OR OTHERWISE AROUND THE ANIMAL; (2) THE UNPREDICTABILITY OF A FARM ANIMAL 'S OR LIVESTOCK ANIMAL 'S REACTION TO SOUND, A SUDDEN MOVEMENT, OR AN UNFAMILIAR OBJECT, PERSON, OR OTHER ANIMAL; (3) WITH RESPECT TO FARM ANIMAL ACTIVITIES INVOLVING EQUINE ANIMALS, CERTAIN LAND CONDITIONS AND HAZARDS, INCLUDING SURFACE AND SUBSURFACE CONDITIONS; (4) COLLISION WITH ANOTHER ANIMAL OR AN OBJECT; OR (5) THE POTENTIAL OF A PARTICIPANT TO ACT IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO INJURY TO THE PARTICIPANT OR ANOTHER, INCLUDING FAILING TO MAINTAIN CONTROL OVER A FARM ANIMAL OR LIVESTOCK ANIMAL OR NOT ACTING WITHIN THE PARTICIPANT'S ABILITY.**

**Acknowledgement of Risks:** I knowingly, willingly, and voluntarily acknowledge the inherent risks described above, including those associated with equitation and/or any farm animal activities and with contagious or infectious disease, and further acknowledge the risks inherent in any other GSSJ activity, including without limitation, the potential for serious bodily injury (including, without limitation, broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death, situations beyond the immediate control of GSSJC staff and volunteers, and other undefined, not readily foreseeable and presently unknown risks and dangers (collectively, the "Risks").

**Assumption of Risks:** I hereby **ASSUME ALL RISKS** of contagious or infectious disease or illness, equitation or farm activity, and/or any other GSSJC activity, including any injury, disability, or death experienced by myself, my minor child, or any their member of our family or household, regardless of whether such risk is caused, in whole or in part, by the sole, contributory, or concurrent negligence, strict liability, premises liability, or other tortious or wrongful conduct of Releasees (as defined below).

**Waiver, release of liability, and indemnity:** In consideration of being permitted to participate in any GSSJC activity including equitation activity, farm animal activity, and/or any other activities, I, on behalf of myself, my minor child, and any and all of our beneficiaries, heirs, next of kin, successors, assigns, representatives, and agents, do hereby **RELEASE, ACQUIT, AND FOREVER DISCHARGE** Girl Scouts of the USA and GSSJC and each of their respective Board of Directors, officers, employees, agents, representatives, volunteers, and/or associates, and their heirs, executors and administrators, successors and assigns, and any and all other persons and entities for whom they could be legally responsible (collectively, "Releasees") from any and all past, present, or future claims, demands, liabilities, causes of action, damages (collectively, "Claims") whether based on contract, promissory estoppel, statute, intentional or unintentional tort, personal injury, fraud, strict liability, premises liability, or any other theory of recovery, and whether for compensatory damages, specific performance, exemplary damages, attorneys' fees, court costs, expenses, interest, or compensation of any nature whatsoever, known or unknown, fixed or contingent, liquidated or unliquidated, accrued or unaccrued, now existing or that might arise hereafter, related to or arising out of any contagious or infectious disease, or equitation or farm activity, and/or any other activity, regardless of whether such claims are caused, in whole or in part, by the sole, contributory, or concurrent negligence, strict liability, premises liability, or other tortious or wrongful conduct of Releasees. **If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a Claim for liability against any of the Releasees, I will INDEMNIFY, DEFEND, AND HOLD HARMLESS each of the Releasees from any liabilities as a result of the Claim, regardless of any negligence or gross negligence, whether alleged or found, against any of the Releasees, and regardless of the degree of fault or culpable conduct attributed to the Releasees, even if such culpable conduct is attributed to be 100 percent.**

By signing below, **I hereby certify that I have** carefully read the Agreement in its entirety. I understand all terms and conditions in the Agreement, and recognize the Agreement contains an assumption of risk, a release and waiver from liability, and hold harmless and indemnification obligations. I understand am voluntarily giving up substantial legal rights, including the right to sue the Releasees as described above. I am voluntarily, knowingly, and unconditionally signing this Agreement and hereby agree to all of the terms and conditions of this Agreement.

This agreement may be electronically signed, and any electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

SIGNATURE OF PARTICIPANT/ GUARDIAN OR PARENT: \_\_\_\_\_

PRINT NAME OF GUARDIAN OR PARENT, IF APPLICABLE: \_\_\_\_\_

Date: \_\_\_\_\_

Note: This form is to be completed annually for each girl and adult member and retained in troop or special interest group files.

**Authorization for Release of Information**  
Girl Scouts of San Jacinto Council

**I. Information About the Use of Disclosure**

I hereby authorize the use or disclosure of my daughter's identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Participant Name: \_\_\_\_\_ Camper Number: \_\_\_\_\_ (not applicable)

Name of the plan authorized to provide the information: Girl Scouts of San Jacinto Council

Persons/organizations authorized to receive the information: (For example: *name specific family members – AND – "Emergency Medical Personnel"*) \_\_\_\_\_

Specific description of information to be used or disclosed: (For example: *"can release medical information to people listed above"*) \_\_\_\_\_

Specific purpose of the disclosure: (For example: *"Emergency medical treatment"*) \_\_\_\_\_

If a health plan or provider is requesting to receive the information described on this form, will that plan or provider receive financial or in-kind compensation in exchange for using or disclosing the health information described?

No  Yes (describe) \_\_\_\_\_

This authorization will expire one year from the date next to my or my personal representative's signature below, or upon the occurrence of the following event (put camp dates here) June 16-18, 2025 (must relate to the purpose of the authorization).

**II. Important Information About Your Rights**

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation not effect any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive health care benefits to which I am otherwise entitled.
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity and I understand that the information may no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (also known a HIPAA).

**III. Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian** \_\_\_\_\_  
**Date**  
(Form *MUST* be completed before signing)

Printed name of the participant: \_\_\_\_\_

Printed name of the participant's parent/legal guardian: \_\_\_\_\_

Relationship to the participant, including authority for status as representative: \_\_\_\_\_

**\*\* YOU MAY REFUSE TO SIGN THIS AUTHORIZATION \*\***