

Caddoodles

August 8-11, 2022



Caddie Pre-Registration Packet

By filling out this form and sending it in you are declaring your interest in becoming a caddie for Caddoodles 2022. Make sure you have a current email for communications from Caddoodles Staff.

- **All Caddoodles Caddies MUST be registered Girl Scout Members.**
 - If you are not currently registered, please use this link to complete the process: <https://www.girlscoutsrv.org/>. Or contact the Girl Scouts River Valleys Council office at 800-845-0787.
- There will be several caddie meetings/bonding events throughout the summer.
 - Dates to be determined.
 - One all day training required on July 30th, 2022

Caddoodles 2022 Updates & Reminders for Families:

- Camp operations will be determined and announced April 1st, 2022
- Number of caddies needed will be determined by the number of campers registered.
- We will be watching the Girl Scout COVID Guidelines. Be prepared for constant change. Watch the website for updates.

Pre-Registration must be received by April 1st, 2022.

This registration packet is a fillable PDF form..

1. Download this file to your computer.
2. Complete all fields with the information requested.
3. Sign and Date all required lines.
4. Email completed form to: Caddoodles@gmail.com

Email Questions to: Caddoodles@gmail.com

Caddie Registration Form – 2022

Your preferred camp name:

How shall we address you at camp? _____

Caddie Contact Information:

			Birth Date:			
Last Name:		First Name:		Initial:		
Address:						
City:			State:		Zip Code:	
Caddie Email:			Caddie Phone:			
Parent/Guardian #1:			Primary Phone:			
Email:			Secondary Phone:			
Parent/Guardian #2:			Primary Phone:			
Email:			Secondary Phone:			

Please complete the following:

Service Unit: _____ Troop Number: _____

Grade Entering Fall of 2022: 9 10 11 12 Grad

All Campers receive a Caddoodles Camp t-shirt. Please indicate the size you would like.

All t-shirts are adult unisex sized.

Small Medium Large
 X-Large 2-Xlarge Other: _____

Parent/Guardian Permission:

My daughter is a registered Girl Scout and has my permission to attend the Caddoodles program and participate in all activities. This includes overnights, which are a part of the program, unless otherwise indicated. I agree to cooperate with all regulations including refund of fees. I give permission for my daughter to be photographed or recorded and for the council to use this material for publicity purposes. I give my permission for the adult in charge to obtain medical treatment for my child at area hospitals/medical centers.

Parent/Guardian Signature: _____ **Date:** _____

Insurance Carrier: _____ **Policy Number:** _____

Permission for Caddie to attend the following summer training sessions before camp. _____ (initials)

Training Dates: To be Determined

<i>Registration Use Only:</i>	<i>Registration Rcvd</i>	<i>Payment Rcvd</i>	<i>Sent Confirmation</i>	<i>Health Form Rcvd</i>

Caddies – please checkmark your knowledge level for each category so that we may make your experience fun while still gaining lifelong experiences and training for yourself. For the last column, rate each category with your level of interest in leading the activity.

1 = OK 2 = Interested 3 = Love This!

	Beginner	Know It	Expert	Would Like to Lead
Knives – knife safety, handling & care				
Songs – know songs & how to teach				
Games for younger girls				
Ceremonies	Girl Scout's Own			
	Outdoor Flag			
Kaper charts				
Fires – safety/equipment, starting & extinguishing				
Firestarters – creating starters & lighting a match				
Cooking (dinner) – food handling, unit box contents, one pot meal, use of a box oven, foil cooking & dishwashing procedures				
Service Project				
Knots – 3 different knots				
Archery – safety & helping				
Tents – trail tent site choice, set up, take down & care				
Adventure Course				
Conflict Resolution				
Waterfront – kayaks & safety				
Trail Signs				
Compass use				
Program Aide Classes				

Attended GS Day Camp?

No

Yes

Volunteered as a Caddie?
(outside of Caddoodles)

No

Yes

At what Service Unit/Daycamp:

List other Leadership Trainings
you have completed:

Caddies preferred method of communication: *Select One*

Email

Text

Remind App

Caddie Health History Form – 2022

Caddie Contact Information:

		Caddie Name:			
		Birth Date:		Age:	
Last Name:		First Name:		Initial:	
Address:					
City:		State:		Zip Code:	

Emergency Contact Information:

Caddie is in the custodial care of: Both Parents Mother Only Father Only Other:

Custodial Parent/Guardian Name: _____	
Emergency Phone Number: _____	
Home address (if different from above): _____	
Second Parent/Guardian Name: _____	
Emergency Phone Number: _____	
Home address (if different from above): _____	
FIRST ALTERNATE EMERGENCY CONTACT (Not a parent/guardian)	SECOND ALTERNATE EMERGENCY CONTACT (Not a parent/guardian)
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City / State / Zip: _____	City / State / Zip: _____
Emergency Phone: _____	Emergency Phone: _____
List individuals that the caddie can NOT be released to: _____	
Other than the Custodial Parent, caddie may be released to: _____	

Family Medical/Hospital Insurance Carrier – Is caddie covered by medical insurance? Yes No
 Carrier or Plan Name: _____ Group/ID #: _____
 Physician Name: _____ Phone: _____

ALLERGIES: List all known allergies (**medication, food, environmental**) and **describe reactions** as well as **management plan**:

MEDICATIONS: List all medications (including over-the-counter or non-prescribed drugs) taken routinely. Please bring enough medication to last the entire camp session. **Keep prescription medication in its original pharmacy containers that identifies the prescribing physician, the name of medication, the dosage and the frequency of administration.**

No medications are taken on a routine basis.

Medication #1: _____ Dosage: _____ Specific Times Taken: _____
 Reason for taking: _____
 Medication #1: _____ Dosage: _____ Specific Times Taken: _____
 Reason for taking: _____
 Medication #1: _____ Dosage: _____ Specific Times Taken: _____
 Reason for taking: _____

Please check here if all immunizations are up to date.

Dietary Restrictions: *The following restrictions apply.*

Egg

Gluten Free

Dairy

Peanut/Nut

Other – Specify: _____

Caddoodles will administer over-the-counter medications in the Program Center. Please do not feel that you need to send these with your caddie, unless they are needed on a regular basis. Your child will be responsible to check into the Program Center at meal times for their medications. The following non-prescription medications may be stocked at the Program Center and are used on an as needed basis to manage illness and injury. **Please cross out those the caddie should NOT be given.**

Tylenol (various strengths)	Ibuprofen (and children’s Motrin)	Benadryl	Tums
Chloraseptic Lozenges	Generic cough drops	Calamine Lotion	Bacitracin
Triple Antibiotic Cream	Hydrocortisone Cream/Spray	Aromatherapy such as: peppermint, lemon & orange oil for nausea. The oil will be placed on a cotton ball for the camper to smell.	

ACTIVITY: *Explain any restrictions to activity (e.g. knees, back, ankles and what cannot be done)*

To the best of my knowledge, the Health History Form is complete and accurate. My daughter has permission to participate in all prescribed activities, except as noted by the physician and/or myself. In the event that I cannot be reached in an emergency, I give permission for camp authorities to take necessary emergency actions, which may include related transportation, admission to hospital, x-rays, routine tests, emergency surgery and treatment for the health of my child. I agree to the release of any records necessary for treatment, referral billing, or insurance purposes. It is also my intension that camp authorized be treated as a “personal representative” for purposes of disclosing protected health information to keep me informed of my child’s health status. The Girl Scouts Council provides supplemental sickness and accident insurance. This completed form may be photocopied for trips out of camp. This information will be shared with camp counseling staff as appropriate.

Caddie Signature

Date

Parent/Guardian Signature if 18 or younger

Date