

# **Girl Scout Day Camp In Kodiak**

## **August 7-11, 2017**

**Handbook for Campers  
and Parents/Guardians**

# ABOUT CAMP

**CAMP SITE:** Camp occurs at Camp Mueller

**DIRECTIONS TO CAMP MUELLER:**

- Turn left off Riezanof Drive onto Island Lake Road just north of Walmart.
- Drive straight passing Ptarmigan and Arctic Tern Roads
- Turn left on Scout Circle
- Camp Mueller will be on your right.

**STAFF:** Camp staff are enthusiastic, talented and caring adults. They are selected for their maturity, enthusiasm, and ability to be a positive role model for your camper.

**VOLUNTEERING AT CAMP:** If you would like to volunteer at day camp (for an hour, a day or the entire week) please contact Amanda, the Statewide Director. She can be reached toll free at 800-478-7448 or by email at [ablock@girlscoutsalaska.org](mailto:ablock@girlscoutsalaska.org).

**PROHIBITED ITEMS:** Camp is smoke free, alcohol and drug free, and weapon free.

**CAMPER CONDUCT:** As a group campers will set guidelines for living together on their first day. In addition, the following rules apply: It is the council's policy to prohibit smoking by campers. No one is permitted to use or be in possession of alcohol, illegal drugs, or weapons at camp. Violent or aggressive behavior or actions creating an unsafe environment are not tolerated. To ensure the safety and well being of everyone, Parent/ Guardians, and campers should note that anyone found in possession of the above-mentioned items or exhibiting dangerous physical or emotional behavior will be sent home at their expense.

## OUR PHILOSOPHY AND GOALS

**THE CAMP MISSION:** Girl Scouting builds girls of courage, confidence and character who make the world a better place. In this spirit, we strive to create a community that helps campers unlock their potential and discover the world, while developing life skills that become habits of the heart.

**THE CAMP PROGRAM PHILOSOPHY:** Everything that happens at camp is program! Campers experience a community that fosters positive relationships , healthy risk taking and acceptance. At camp we provide a variety of experiences, some new, encouraging girls to stretch; and some old, reinforcing girls' confidence in their skills. Our program is the foundation upon which courage, cooperation, self respect, and a sense of contribution, inclusion, and responsibility are constructed.

### **CAMP GOALS AND OBJECTIVES:**

Camp will provide an opportunity for each camper to:

**Goal 1:** Grow in her personal skills and self reliance.

*Objective 1:* Campers will identify at least one thing they are proud they accomplished

*Objective 2:* Campers will report they are willing to try new activities

*Outcomes:* Girls will be more able to care for themselves, have a greater awareness of their strengths and weaknesses, be more willing to take appropriate risks, use leadership skills and feel more capable of making a difference.

**Goal 2:** Learn about her environment.

*Objective 1:* Campers will spend 75% of their time outdoors (dependent on weather).

*Outcomes:* Girls will feel more comfortable outdoors, become more aware of their surroundings and learn ways to respect and care for the environment.

**Goal 3:** Learn relationship and community living skills.

*Objective 1:* Campers will learn and demonstrate how to express feelings verbally.

*Objective 2:* Campers will be able to name communication strategies that help them in their relationships.

*Outcomes:* Girls will learn to work as a team, have a sense of belonging with others and learn how to make new friends.

## **CAMP FINANCIAL POLICIES**

**CAMP FEES:** Camp fees may be paid prior to the start of camp or when campers arrive on the first day of camp

Kodiak Day Camp                      \$100/week

**COOKIE CREDITS:** If your camper sold cookies during the 2017 cookie sale her cookie credits will be applied to the balance due in late April/early May when cookie credits are verified by the council. Cookie credits may be claimed one time only. Credits do not have cash value. Credits from the 2017 cookie program must be used by August 2017. Cookie credits are only good at Girl Scouts of Alaska camps. Families with product sale delinquencies are unable to use cookie credits or apply for camp scholarships until their debt has been paid.

**FINAL INVOICES:** A final invoice reflecting cookie credits and any other applicable discounts will be emailed and mailed to you in late April/early May.

**QUESTIONS ABOUT PAYMENTS:** If you have questions contact our camp registrar at 907-248-2250 or toll free at 800-478-7448.

## HEALTH AND SAFETY/FORMS

**INSURANCE:** The Girl Scout insurance is not intended to replace the benefits that may be available under a family medical plan. It is the plan's purpose to provide secondary insurance coverage.

**MEDICATIONS:** No medications (prescription or over the counter) will be given at camp. If your camper requires medication a parent must come to camp to administer it.

**EMERGENCY CONTACT PERSON:** Occasionally we have to call the person you've indicated as an emergency contact... and they are **SURPRISED!** If you have forgotten to let them know, give them a call before your camper comes to camp.

**FORMS:** All forms must be brought to camp on the first day of camp. Camp does not keep a copy of forms on file for the next year. Be sure to make your own copy,

**PERMISSION SLIP/HEALTH INFORMATION:** Every camper is required to bring a health history (filled out by the parent/guardian).

## WHAT TO BRING TO CAMP

### EVERY DAY:

1. Water bottle
2. Rain coat
3. Bag lunch (it shouldn't contain perishable foods) and beverage

### LEAVE AT HOME:

1. I-pods, walkmans, electronic equipment
2. Cell phones
3. Toys and games
4. Candy/soda

**LOST AND FOUND:** Articles will be viewed at the end of each day. Unclaimed items will be donated to charity. Camp is not responsible for items left at camp.

**PERSONAL PROPERTY:** Camp is not responsible for any personal belongings brought to camp.

# **THE CAMP DAY:**

## **GETTING TO CAMP**

Camp begins at 9:00am for all ages. Girls may come to camp at any time during the day.

## **WHEN YOUR CAMPER IS AT CAMP**

**BADGE WORK:** Camp does not keep track of requirements. If you are interested in requirements she accomplished at camp, go through the books with her.

**CLOTHING:** Camp is in session RAIN or SHINE. Sturdy shoes, boots or tennis shoes WITH laces (no sandals), jacket/sweatshirt, socks and a rain-coat are needed. Old play clothes are ideal, we get dirty at day camp!

## **LEAVING CAMP**

Camp ends at 5:00pm for all ages.

# Permission for participation in Girl Scouts of Alaska day camp

My daughter \_\_\_\_\_ has permission to participate in **day camp**. She is in good physical condition and has not had any serious illness or operation since her last health examination.

**DURING DAY CAMP, I MAY BE REACHED AT:** Parent/Guardian name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

If I cannot be reached during an emergency, the following person is authorized to act in my behalf:

_____ Name	_____ Relationship to participant	_____ Telephone
_____ Address of Emergency Contact	_____ Physician's Name	_____ Physician's Telephone

The following people have permission to pick up my daughter from day camp:

_____ Name	_____ Relationship to participant	_____ Telephone
_____ Name	_____ Relationship to participant	_____ Telephone

## **HEALTH HISTORY INFORMATION:**

Allergies: List each kind of allergy and describe reaction and management of the reaction:

Food allergies: \_\_\_\_\_  
\_\_\_\_\_

Other allergies (i.e. bee stings, etc): \_\_\_\_\_  
\_\_\_\_\_

Describe any other medical issues or concerns we should know about (i.e. asthma, emotional issues, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My daughter (listed above) has my permission to attend this event. She also has my permission to be a member of Girl Scouts of the U.S.A. and Girl Scouts of Alaska for the purpose of this event. I give the council permission for Girl Scout purposes, to use photographs of my child in Girl Scout activities or accepting Girl Scout services. I authorize treatment by a physician in case of emergency and I cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature.

\_\_\_\_\_  
Date