

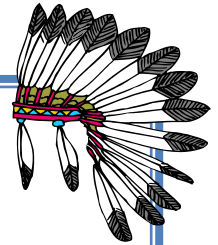


Girl Scouts of Kentucky's Wilderness Road

is proud to present:

Camp Braves

A day-long program designed to help 5th graders ease into the world of middle school!



Tuesday, August 4, 2015 ◆ **8:00 a.m. – 2:00 p.m.**

Sponsored by Girl Scouts of Kentucky's Wilderness Road Council (GSKWRC) and Grant County Middle School/FRYSC

(800) 716-6162 ◆ (859) 342-6263 ◆ www.gskentucky.org
in collaboration with:

- ◆ Brighton Center ◆ Grant County Public Library
- ◆ Grant County Extension Office
- ◆ Additional sponsors TBD!

On Time Registration Fee is ONLY \$10 per student Registration Deadline is July 24th
Registration Fee after July 24th is \$15 per student

To register, please fill out and return the registration form below and on back of page (BOTH SIDES)

REGISTRATION FORM

Grant County Middle

Cut & mail to: Grant County YSC @ GCHS 715 Warsaw Road Dry Ridge, KY 41035

Make Checks payable to: Grant County YSC

REGISTRATIONS MUST be postmarked by July 24th to pay the On Time Registration Fee of \$10

Child's Name: _____ Gender: F M Grade: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Date of Birth: _____ Elementary School _____

Parent's Email Address: _____

Girl Scouts of Kentucky's Wilderness Road Council is collecting data on racial/ethnic backgrounds of the participant population. Please check one.

<input type="checkbox"/> American Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> White	

YES NO I give my permission to allow the Girl Scouts of Kentucky's Wilderness Road Council to use any pictures taken of my child.

YES! Please contact me about being a chaperone.

Girls registering for this event will become registered Girl Scouts and be eligible to attend Girl Scout programs such as: BFF (Be a Friend First) Anti-bullying program, STEM, Leadership Development & MORE!

Parent/Guardian Signature _____ Date _____
(Please fill out BOTH SIDES of form)

For questions contact Terri Straub, Membership Specialist, at 859-342-6263 ext. 12 or by email at tstraub@gswrc.org.

Get more details on the other side!

CAMP BRAVES

Come join us for a day of fun and creativity as each student has the opportunity to participate in the following activities:

School Orientation – students will have the opportunity to meet fellow classmates, get familiar with the daily school routine of changing classes, and discover other useful tips about the school.

Map It Out! – Can you survive the maze of middle school? Participate in this game of survival learning valuable leadership and teambuilding skills as they orienteer their way through the halls in a quest to be the first team to complete all of their challenges.

Sit Up and Study Up! – Students will discover their individual learning styles and learn valuable skills in time management, organization and note taking. Students will also be educated in test taking and reading strategies.

Team Quest– Test your leadership and problem solving skills as you work together with fellow students to conquer the challenges set before you.

Be a Friend First Bully Prevention! – Students will learn how to recognize, refuse, and report bully behavior. Students will also be taught skills on how to start conversations and build healthy relationships.

Dress for Success! – Selected students will rule the runway as they model their fashion style. Students will play a “do’s and don’ts” style game as they try to determine which clothes are appropriate and which clothes are inappropriate according to the school dress code.

Lunch will be provided for all students.

Student Medical History (side two of Registration form – please fill out **BOTH** sides)

Diseases

Chicken Pox _____
Measles _____
German Measles _____
Behavior _____

Allergies

Ear Infections _____
Asthma _____
Drugs _____
Food _____

Chronic or Recurring Illness

Ivy, Oak, etc. _____
Heart Disease _____
Convulsions _____
Diabetes _____

Operations or serious injuries (Dates) _____

Hospitalizations (Dates) _____

Other diseases or details of above _____

Comments where applicable:

Specific activities to be encouraged _____

Specific activities to be restricted _____

My child, _____, **has permission to participate in Camp Braves sponsored by Girl Scouts of Kentucky’s Wilderness Road Council.**

If my child will need medication during this period of time, I will send medication with him/her in its original container. I understand that it will be dispensed only under the specific direction of a physician or under written instructions from a parent or guardian.

In case of emergency, when I cannot be reached, I give permission for my child to be treated by a qualified physician at the nearest hospital.

Parent/Guardian Signature _____ **Date** _____

In case of an emergency, I may be reached at:

Address: _____

Relation to Participant: _____ Phone# _____

Physician’s name & phone #: _____