

**girlscouts**   
of central illinois

# 2025 SUMMER CAMP **OVERNIGHT CAMPER INFORMATION**



[GetYourGirlPower.org](https://www.getyourgirlpower.org) | 888-623-1237

# Find Your Adventure at Camp!

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## Required Information

The following forms should be completed and are due at camp CHECK-IN.

**Forms are not accepted by mail or at the office. Please do not print forms double sided. They must be turned in on the first day of camp. Look for them at the end of this packet:**

- Code of Conduct Form
- Camper Pick-up Form
- Waivers (if applicable, for Equestrian and Challenge Course)
- Health Record with vaccine record or signed exemption (Signed by a physician.)
- Parent Questionnaire
- Camper Letter to Counselor

**Code of Conduct** - Behavior agreement that campers and parents sign, agreeing to abide by all camp and council rules. Used as the first reminder if behavior problems arise.

**Camper Pick-Up** - Grants permission for your camper to be picked up from camp. Parents must list themselves on the form in addition to any other adult who may pick up the camper.

**Waivers** - We recommend that all campers submit an equestrian waiver as well as a challenge course waiver if you would like your camper to have the opportunity to try these activities. We do not guarantee that a group will do these activities if it is not in your session's program description; however, they may still get a chance if the group is interested and scheduling allows.

**Health Record** - A Health Record is required for all overnight campers. This form must be signed by a physician within the past 24 months OR you must submit a copy of a physical completed within the past 24 months of the last day of the camp session they will be attending. Health forms from previous years of camp are not available, as they are permanently stored upon closure of the camp season. Be sure to keep a copy of the health form for your records. Campers will not be allowed to attend camp without a current health form. Please contact the camp director two weeks prior to camp if there are any special medical or dietary needs so we can make arrangements and be prepared at camp.

**Medications** - Medication information must be included on the health record, if applicable. ***DO NOT*** pack any medications in your camper's luggage, including inhalers, epi-pens, prescriptions, or over-the-counter medication/vitamins/oils. All medications are required to be turned over to the health supervisor upon arrival. All medications must be in original containers with instructions from a physician or pharmacy—times and dosage should be clearly stated, and medications must not be expired. If your camper has special medical needs, arrangements will be made to transport them to a doctor's office. Parents are responsible for these expenses.

**Parent Questionnaire** - Enables staff to become familiar with campers and with parent expectations. Please provide us with information on your camper's mental, emotions, and physical needs. We want to make camp a positive experience, so we need to know what makes them unique.

**Letter to the Counselor** - Many of our campers want a chance to share more about themselves and what they hope to do over the summer in their own words. The letter to the counselor is a chance for a camper to share their traits and characteristics about themselves.

## Health & Safety

### Health Information

Camp staff is First Aid and CPR-certified and trained to respond to minor scrapes, bumps and bruises. An on-call registered nurse is available if needed. The local police and fire departments are notified at the start of the camp season and are prepared to respond within minutes.

Should a camper become ill, injured, or displays COVID-19 symptoms at camp, the staff will administer first aid and follow written procedures given by the camp physician. This may include a visit to a local doctor's office or emergency room after hours. If a camper requires a long rest period for recovery or cannot remain at camp, the camper will be sent home. If a camper's illness or injury is severe, emergency care will be given at the scene and the camper will be transported to the hospital emergency room. Parents/guardians will be notified, but in life-threatening situations, treatment may begin before notification, as indicated on the health consent form.

During overnight camp, a qualified health supervisor is on duty at all times to supervise the distribution of medications and oversee the health and wellness of all campers and staff.

### **COVID-19 Information**

During the ever-evolving pandemic, summer camp is more beneficial than ever. The safety of our campers, staff, and volunteers is paramount. Based on guidance from the Centers for Disease Control (CDC), the American Camp Association, and our local and state health departments, we have a proactive plan in place to keep camp as safe as possible. We will continue to have as many activities outdoors as possible, and will have increased handwashing and sanitizing procedures. As summer camp gets closer, we will review the CDC, American Camp Association, and local and state health department guidelines at that time and update our practices as necessary. We will share this information with caregivers before and during summer camp.

In the event that your campers begins exhibiting COVID-19 symptoms while at camp a Covid-19 test will be administered, if positive you must come pick up your camper immediately.

In the event that another camper becomes ill with COVID-19, you will be informed if your camper is a close contact.

If a session must be cancelled, your camper is sent home due to COVID-19, or your camper is unable to attend altogether due to COVID-19, refunds will be issued. Refunds may be pro-rated if camp is cancelled mid-week.

### **Activity Insurance**

The camp fee includes insurance providing supplementary coverage to campers' personal insurance and includes sickness and accident coverage for any incidents that occur during their stay at camp.

### **Lice Procedures**

Campers will be checked for head lice and nits during their health check at check-in. If a camper is found with evidence of lice or nits, they will be sent home until they no longer have evidence of them. Please be aware that your camper may be asked to remove braids and other hair dos to ensure a thorough check. If, after all precautions, a head lice outbreak occurs, parents/guardians of the campers who have head lice will be notified. It will be parents'/guardians' responsibility to pick up their campers from camp, launder all clothing and sleeping bag, and provide lice shampoo treatment for their camper. After a minimum of 24 hours, if there is no longer evidence of head lice or nits, the camper may return to camp. Camp fees are not refunded when a camper arrives with a pre-existing condition. We recommend you carefully check your camper in bright light before they head to camp in order to avoid any unpleasant surprises.

### **Homesickness**

Being homesick is a completely natural experience and is experienced by all campers on some level. Learning to cope with homesickness is a great life skill to learn, and we are well-equipped to help them through this at camp!

You can help your camper cope with homesickness by:

- Discussing it with them prior to camp. Encourage your camper to talk to their counselors about how they are feeling and what they are thinking about camp—both the good and the bad. Role-play at home so they will find it easier to talk about their feelings.
- Making your camper aware of what camp life is like: deep woods, sounds of nature, bugs, platform tents, latrines, outdoor cooking, making new friends, learning new skills, rainy days, sunny days, hot days, bugs and, most of all, fun times.
- Encouraging them to bring something familiar from home, such as a favorite stuffed animal, a favorite book or new paperback they have wanted to read, a photo album, or stationery and stamps to write letters.
- Writing positive and encouraging letters and e-mails—don't dwell on how much you or their pets miss them.

Please do not tell your camper that they can call you or you will pick them up if they become homesick. This is vital to their development and to learning coping skills. Tell them that you believe in them and know they can do it!

**REMEMBER:** If your overnight camper writes home that they are unhappy at camp and wants to come home, consider when the letter was written. During the first 24-36 hours of camp, it is very common for campers to feel homesick, as they are adapting to the new environment and meeting new people. By the time you receive that letter, they have more than likely adjusted to the camp setting, made new friends, and loves being at camp. Our counselors are trained to recognize and positively manage the symptoms of being homesick. If your camper is showing signs that they are struggling and shows no signs of improvement past the first 24-36 hours at camp, the camp director or camp nurse will contact you.

### **Insect Repellent and Sunblock**

Our camps are in wooded settings with bugs and lots of sun. Campers are expected to be able to properly apply sunblock and insect repellent on their own with limited assistance from friends/counselors. Make sure the sunblock and insect repellent are not expired, as they lose their ability to be effective. Look for waterproof sunblock that has a high SPF and repellent that doesn't have a sweet smell, is non-aerosol, and has a lower level of DEET (under 30% is preferred; DEET is harmful to children if ingested). Pack natural-colored clothing (white and dark colors attract bugs). Prior to camp, wash clothing in unscented detergent. While at camp, campers should use unscented hair products and lotions. Teach your camper how to take extra precautions, such as wearing a rash guard shirt when swimming, or wearing a hat while hiking.

### **Weather Conditions**

Camp activities may change due to weather. If the weather is inclement, campers may not be able to participate in activities that are affected by rain, storms, and extreme heat, including but not limited to horseback riding, boating, swimming, challenge course, and archery. Activities and schedules will be modified as necessary. In the event of severe weather, a building at camp is reserved for the safety of campers. Staff members are able to communicate with each other and the camp office for weather updates and emergencies. When severe weather occurs, all campers are safely moved to the designated buildings for shelter and an all-camp activity takes place to occupy them, such as a dance, camp idol contest, or pajama party. This helps to ease the campers' concerns about the weather and keeps the focus on fun!

### **Visitors**

For the safety of all campers and staff, visitors will not be allowed at camp during the week. We invite you to join us for Friday Finale to eat lunch with your camper, meet their new friends, counselors, and see songs and skits from the week. Please register for Friday Finale when registering for camp, or call 888-623-1237 to be added. If your camper forgot something from home (e.g., pillow, toothbrush, rain coat), please call the camp director – we have extras! If you would like to see camp before attending, contact the camp director or sign up for an event at camp.

### **Cancellations**

Refund requests must be submitted in writing and will be considered at the discretion of the Program Director of Camp and Events. No refund will be issued if a camper is sent home due to unacceptable behavior or homesickness or if the camper is a "no show" for the session. The deposit fee will not be refunded once the registration has been processed.

## **Life at Camp**

### **Facilities**

Flushable toilet facilities are located at our shower house, the main lodge, and in every unit. Campers sleep and have quiet time in rustic units that are tucked into the woods. A unit typically consist of six to ten open-air platform tents or rustic cabins. Each tent holds four sleeping cots. Each cabin holds 10 sleeping cots.

We encourage all campers to visit the facility before camp. This can be done at an event with your troop or by contacting the camp director to arrange a time to see camp.



### **Trading Post**

Your camper will get the opportunity to purchase camp memorabilia (T-shirts, water bottles, stuffed animals, bandanas, etc.) at the Trading Post. If you would like to send money with your camper for shopping, we recommend an amount between \$15 and \$25. You may have already added trading post money during the registration process. If not, money will be collected for Trading Post at check-in and deposited in your camper's Trading Post account. Trading Post accepts cash, check, Cookie Dough, and Nutty Bucks. Unused money deposited at the beginning of the week will be returned to the parent/guardian at the end of the session. Unused money that was deposited during registration will NOT be refunded, and will be applied to our campership fund.

### Meals



Camp menus are reflective of typical school lunch menus and meet recommended dietary guidelines. Most camp meals are prepared by food service staff. Encourage your camper to try new foods if they are given the opportunity to do so at camp! Please note all dietary restrictions (diabetic, vegetarian, allergies, etc.) on the Health Information sheet and Parent Questionnaire. Please also contact the camp director at least 2 weeks prior to the start of the session so we can be ready at camp. For specific questions or concerns about menus, call the camp director. Campers with strict dietary restrictions are welcome to bring "alternative" meals and store them in the kitchen area (these must be turned in at check-in to ensure proper food handling and sanitation).

### Sending Food

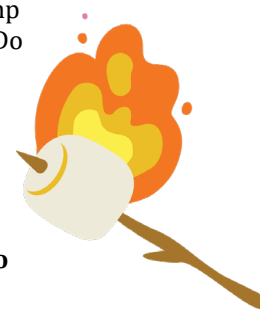
Three meals a day and snacks are part of camp life, so sending food to camp is not necessary; in addition, it attracts critters and insects. However, if you do send snacks, be sure to explain to your camper that the snacks must be turned into the staff and will be made available to them only at special times during the day and upon request. **Additionally, please do not send snacks containing peanuts or tree nuts.**

### Telephones

Campers do not have access to a telephone and cannot be called directly. If there is an emergency, call the camp director. Parents will be notified by phone of any accident, illness, or other problems involving their camper. Do not send cell phones—your camper will not be allowed to keep a phone with them.

### Girl Planning

Campers work together to create their own experiences at camp by building their schedules of activities. Counselors facilitate this process as they keep in mind the program the campers have signed up for and guide them as needed. The campers also play an active role in creating rules for their group and creating a unit agreement. **Encourage your camper to speak up about any activities they may want to experience while they are at camp.**



### Badge Work



Just as girl planning is a fundamental aspect of Girl Scouting, badge work is also a strong component of Girl Scout camp. Counselors work with campers to focus the campers' activities on badges and Journeys. Campers may choose to work on badges that are unrelated to their program area or stick to their program – it's up to them. At the end of the week, parents will be given a badge sheet outlining activities campers completed toward badges and Journeys that can be purchased at any GSCI Trefoil Boutique.

### Kapers

Kapers are simple daily chores campers share while attending camp. Each staff member models and teaches campers proper ways to care for the environment and their camp surroundings. Each unit is responsible for the upkeep and cleaning of their area and for additional small daily camp responsibilities. Campers are closely monitored to make sure that established health and safety procedures are used in completing cleaning tasks. Living in a community setting assures the whole community to take an active role in keeping the community running smoothly and safely.



### Overnight Camp Mail/Email

Many campers love to receive mail/care packages while at camp! To ensure that mail arrives while your camper is at camp, send it a few days prior to your camper's departure or bring it with you to check-in. Mark each piece of mail with the day you would like it delivered to your camper (Tuesday, Wednesday, etc.). Mail is delivered to campers once daily. **Address the letters with camper's first and last name, camp name and session, and delivery day.** If you choose to send a **one-way** email, include camper's full name and session name in the subject line. Emails will be printed around noon each day. Campers will not be able to send an email response.

**Send all mail and/or email to:**

Camper Name/Camper Session

Subject Line: Camper Name / Camper Session

Remember to keep letters/emails to your camper positive and cheerful; positive letters will help reduce homesickness.

### Packing Tips

It is a good idea to have your camper practice suitcase living at home. Let them pack their suitcase so they know what clothes they have brought and will be able to repack the suitcase at the end of their session. Attach an inventory list inside your camper's suitcase. Your camper must be able to carry their own luggage. All clothing and equipment must be labeled with the camper's name. When possible, use a permanent marker or label-maker. Weather can be unpredictable and range from a cool 50 degrees to a very hot 115 degrees. Please send clothes to cover all temperature ranges - and don't forget extra socks!

### Camp Birthdays



If your camper will spend their birthday at camp and would like to bring treats, please make arrangements with the camp director prior to first day of camp.

### Swimming



Campers at Camp Tapawingo will have the option to swim most days. The first day, campers will participate in a swim check to assess their abilities. Those that complete the swim check satisfactorily to the aquatics staff's discretion will be allowed in the deep end. Campers will be required to wear a colored swim cap that designates which areas of the pool they are allowed to swim in. Camp provides these swim caps. Lifeguards and watchers will be monitoring whenever campers are swimming.

### Adventure Activities

Your camper may have the opportunity to go boating, shoot archery, or take on the challenge course. These are great learning experiences for campers and will build self-esteem. These activities are supervised by trained facilitators. See your camp description for information if your camper will be participating in these activities.

## Packing for Camp

### What Not to Bring

**The following items are not allowed at camp:** Strapless tops, bikinis, sandals; Crocs or open-toed shoes; hair dryers; curling irons; cell phones; tablets or similar electronic devices; headphones; radios; CD players; MP3 players; gaming systems; DVD players; iPods; expensive jewelry; weapons or weapon look-a-likes; alcohol; illegal substances; tobacco products; cannabis products; vapes, e-cigarettes, or similar; pets/animals; or personal sports equipment. Campers will be checked for these items. If found, items will be held by the camp director for safe keeping until the end of the camp session. Do not pack your medication in luggage.

**Girl Scouts of Central Illinois is not responsible for lost or stolen items. If your name is not on it – it may not be returned.**

**Please pack with your camper so they know what's in their luggage!**

#### SLEEPING GEAR:

- Pillow and pillowcase
- Sleeping bag (or substitute with sheets and blankets)
- Fitted and flat twin sheet

#### CLOTHES (No laundry facilities available):

- TIP: Roll clothes to save space. For younger campers, pack an outfit for each day in a big zip top bag.
- Shorts (1 pair for each day)

- 1 or 2 pair jeans, leggings, or other long pants. Campers in horseback riding camps should bring extra.
- T-shirts (1 for each day)
- 1 or 2 long sleeve t-shirts
- 1 really old outfit to get really dirty
- Warm jacket, sweater, or sweatshirt
- 2 pairs of shoes—sneakers and sturdier ones for hiking (No open toed shoes or crocs—shoes must be worn at all times)
- 2 pairs of underwear for every day (please pack more than enough)
- 2 pairs of socks for each day—A MUST
- Warm pajamas
- 2 bathing suits (Must be something comfortable for active play, such as a one piece or tankini style suit)
- 1-2 beach towels
- Bandana or hat
- Rain coat or poncho—A MUST

#### PERSONAL ITEMS:

- Comb and/or brush & hair ties/bands
- Small bag to carry items to the shower house
- Bath soap—non-scented and in travel case
- Shampoo/conditioner - non-scented or lightly scented, no fruit scented shampoos (it attracts animals/bugs)
- Toothbrush, toothpaste, dental floss
- Deodorant
- Sanitary items
- Shower towels and washcloths
- Laundry bag (a trash bag or other waterproof bag works well as items will get wet and smelly at camp)

- Waterproof or sports sunscreen (not suntan oil- must have at least SPF 30)
- Insect repellent (non-aerosol with less than 30% DEET)
- Sunglasses with strap
- Lip balm with SPF
- Hand sanitizer

#### MUST-HAVE ITEMS:

- Sturdy backpack to carry items throughout the day
- Mess kit (non-breakable plate, cup, bowl, and silverware with a mesh bag)
- Water bottle
- Flashlight, headlamp, or lantern with extra batteries,
- Plastic bags for wet things and camp treasures
- Flip-flops (for showers only)

#### OPTIONAL ITEMS:

- Disposable camera (digital cameras are discouraged)
- Stationery, stamps, envelopes, pens, and addresses of friends and family (stamped, addressed, peel & seal envelopes are ideal!)
- Money for trading post -turn in at check-in
- Stuffed animal, t-shirt or autograph book and multi-colored permanent marker to collect signatures
- 1 pair of water shoes/old tennis shoes (NO OPEN-TOED SHOES)
- A new/special book to read at camp
- Notebook for addresses, phone numbers, and song lyrics
- Something to tie-dye (white t-shirt, socks, bandana)  
Note: not all camps will tie-dye, but it's good to be prepared, just in case.

**Additional session-specific packing lists will be sent prior to camp**

## Arrival/Departure

### Arrival

Check-in will take place between 2:00 and 3:30 pm on Sunday afternoon. Please choose a time during that time frame to arrive. Campers will not be permitted to check-in early so please do not arrive before 2:00.

Check-in for Mini Overnight Camp sessions the week of June 29<sup>th</sup>- July 1<sup>st</sup> will take place between 12:00 and 1:30 pm on Sunday afternoon.

Specific Check-in details will be sent with final camp confirmations closer to your camper's session.

**Note: Pets must stay in vehicles or at home; they are not allowed on camp property (even if they are on a leash). Please do not arrive early or late.**

### Departure

A staff member will greet you at Scully Park (the pavilion by the parking lot) and check your identification card. Anyone picking up a camper from camp, INCLUDING parents/guardians, must present a driver's license or other picture identification AND be listed on the Camper Pick-Up Form. For safety and risk management purposes, campers will not be released to anyone not listed on the pick-up form and cannot be released to anyone without photo identification. Any leftover trading post money, their badge sheet, and any medications will also be returned



at this point. You will then be instructed where to proceed to pick up your camper and their luggage. If you signed up for Friday Finale, please arrive between 11:00-11:30. The Finale will start at 11:30 at Bullfrog. Friday Finale for the Mini Overnight Camp sessions the week of June 29<sup>th</sup>- July 1<sup>st</sup> will start at 4:15pm. Please arrive between 3:45-4:15pm on Tuesday July 1<sup>st</sup>.

## **Post-Camp**

### **Lost & Found**

Girl Scouts of Central Illinois is not responsible for valuables or lost, stolen, or damaged personal items. Please mark everything with your camper's full name and check their luggage before leaving camp on check-out day. All lost and found articles will be donated to a charitable organization or disposed of two weeks after the end of the camp season. Please contact camp or your local service center to check for lost items.

### **Evaluating Camp**

We appreciate and welcome your feedback so that we may provide the best experience for our campers. After your camper's session is over, you will receive an evaluation form. Please take the time to let us know how your camper liked camp. Have your camper help you answer some of the questions (campers will also complete evaluations at camp to let us know how they enjoyed their experiences).

## **Helpful Tips**

### **Talking about Camp**

Shortly before camp begins, remind your camper about the benefits of going away to camp—they will meet new friends and try new activities. Stay positive! Your attitude shows your camper how they should react. Don't stress how you are going to miss them—it may make them feel bad for wanting to go, and they may hold themselves back from having fun while at camp. When the big day arrives, say goodbye to your camper cheerfully—the fewer tears for everyone, the better. It will be difficult for you as parents, but if they see you upset, it may cause them to be fearful of their new situation.

### **Making New Friends**

Tell your camper not to be afraid to introduce themselves. Other campers are probably just as shy to start a conversation. Role play and practice at home! Remind your camper to keep an open mind, not to judge others, and to give others the same chance that they deserve. Tell your camper to stay involved, even if they are having a bad day, and to talk to their counselors about how they are feeling! Remind campers to have a friendly attitude. Smiles go miles! The more approachable you are, the more others will talk to you.

### **If Your Camper Needs Something**

If your camper has an issue with a fellow camper or counselor we want your camper to tell us! Please share with your camper the importance of speaking up if something is not right. They can always speak to any of our counselors or directors.

### **Camp-sickness**

After camp, campers may come down with a case of camp-sickness. This is also entirely normal, as your camper will have friends and places that they must say goodbye to. Even though your camper may be sad to leave, know that they are still excited to see you and their family! Encourage your camper to trade addresses with their new friends before you check out and head home. Camp friends are often lifelong friends; help your camper keep in touch.

### **Packing Tips**

Helping your camper pack is a fun activity! Have a special journal, book, or flashlight that is new and just for camp. Label everything so nothing is accidentally taken or lost; campers don't always recognize their things. To help your camper feel connected to their family even though they are away, pre-address and stamp envelopes. Send peel-and-seal envelopes so they don't seal themselves in the heat.

### **Above All...**

Contact the camp director if you are worried about something or have questions. With an open dialogue, we'll be

able to work together so your camper will thrive at camp.

## Code of Conduct Form

(All campers must complete and turn in at check-in)

This Code of Conduct, combined with the Girl Scout Promise and Law, is our guide for behavior at all Girl Scout activities and camps (including trips). To be read and signed by **both** parent/guardian and girl participant.

- I understand that rules are made to protect me and others; to help make sure program activities and travel are safe, fun, and successful; and to create a welcoming camp community.
- I will treat other people, myself, property, and equipment with respect.
- I will follow the principles of the Girl Scout Promise and Law.

### *The Girl Scout Promise*

#### **On my honor, I will try;**

To serve God and my country,  
To help people at all times,  
And to live by the Girl Scout Law.

### *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 I do,

#### **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 understand the following are unacceptable and will be grounds for dismissal from camp:**

- Violence, bullying, name calling, and put-downs in person or using technology
- Cursing or verbally abusing anyone for any reason
- Intimidating, threatening use of verbal or non-verbal language that makes others feel that their safety is at risk
- Fighting, threatening, stealing, damaging property, or endangering the well-being of self or others
- Inappropriate clothing, jewelry, or swimwear
- Swimming, boating, archery, or challenge course after dark or without a facilitator present
- Entering the Health Center without a counselor
- Leaving the group without permission; leaving camp property without a counselor. The buddy system and adult supervision is required at all time at camp and on trips.
- Inappropriate conversations/topics or touches

#### **I understand the following are not allowed at camp and will be taken by the counselor or director and will be grounds for dismissal from camp:**

- Cell phones, tablets, or similar communication devices
- Headphones, CD/MP3 players, radios
- Weapons or look-a-likes
- Alcohol, cannabis, or illegal substances
- Medication which is not turned in to the Health Center (**All medications must be turned in to the Health Center in the original container with the specific, unaltered directions of a licensed physician on the original prescription bottle. Do not send expired medication to camp.**)
- Tobacco or Vaping products
- Vehicles
- Pets/animals
- Personal sports equipment

Girl Scouts of Central Illinois reserves the right to send home any camper who exhibits unsuitable behavior. Parents/guardians are responsible for picking up their camper in a reasonable timeframe as deemed necessary by the camp director. There is no refund in the event a girl is sent home. Person listed as emergency contact may be contacted if parent/guardian cannot be reached.

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

Camper signature \_\_\_\_\_ Date \_\_\_\_\_



# Camper Pick-Up Form

(All campers must complete and turn in at check-in)

*This form must be completed and turned in at camper check-in. Anyone who will be picking up your camper from camp, including a parent/guardian, must be listed. The person picking up your child must show a photo ID before the child will be released. Siblings attending camp at the same time may be listed on the same form. Campers attending multiple sessions may use one form for all sessions.*

**Camper Name:** \_\_\_\_\_

**Camp Session(s) Attending:** \_\_\_\_\_

I hereby authorize the following person(s) to pick up my child from camp:

_____	_____	_____
Name	Relation to Camper	Phone #
_____	_____	_____
Name	Relation to Camper	Phone #
_____	_____	_____
Name	Relation to Camper	Phone #
_____	_____	_____
Name	Relation to Camper	Phone #
_____	_____	_____
Name	Relation to Camper	Phone #

Any Special Pick-Up Notes: \_\_\_\_\_

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

\_\_\_\_\_  
Date



Camp Tapawingo, 1450 Hickory Point Road, Metamora, IL 61548 [GetYourGirlPower.org](http://GetYourGirlPower.org) 888-623-1237

## Equestrian Program Consent and Release

The undersigned hereby agree to assume responsibility for the risks of engaging in equine activities as defined by the Equine Activity Liability Act (745 ILCS 47/1 et seq. "ACT"). Specifically, the undersigned understand that there are risks in engaging in equine activities including, but not limited to: (1) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (2) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and (3) the hazards of surface or subsurface conditions.

The undersigned on behalf of himself or herself, the participant, his or her heirs, administrators, agents and representatives, HEREBY RELEASES Girl Scouts of Central Illinois (GSCI), and any and all of its employees, administrators, board members, successors, agents and assigns from any and all claims, causes or action, demands, damages, liability, and rights of action, of whatsoever kind of nature, arising in any way from the participant's participation in or presence at any equine activity as defined in the Act.

If any suit is filed or any claim or demand is made against GSCI based upon any equine activity of participant as defined in the Act, the undersigned, on behalf of himself or herself, the participant, his or her heirs, administrators, agents and representatives, agrees to indemnify and hold harmless GSCI, and further agrees to pay any and all costs, expenses, judgments or settlements incurred by, or on behalf of, GSCI as a result of each suit, claim or demand, including the payment of reasonable attorney's fees incurred by GSCI in defense of each such suit, claim or demand.

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Signature of Parent/Guardian #1

\_\_\_\_\_  
Signature of Parent/Guardian #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

FOR OFFICE USE ONLY:

Session \_\_\_\_\_

Date \_\_\_\_\_

# Challenge Course, Climbing, and Bouldering Wall Form

Waiver and Release of Liability, Assumption of the Risk and Indemnification Agreement  
(All campers at Camp Tapawingo, and Camp Widjiwagan must complete and turn in at check-in)

Waiver and Release of Liability: In consideration of \_\_\_\_\_ (print full name of participant) being permitted to use facilities, equipment and materials and to participate in the Girl Scouts' Challenge Course, the Undersigned, for him/herself, for his/her spouse, and for and on behalf of the participating minor child or ward (collectively and individually referred to as the Undersigned), does hereby release, waive, discharge, and agree not to sue the Girl Scouts of Central Illinois, Inc. (GSCI), its officers, agents, employees, representatives, volunteers, successors, and assigns (collectively and individually referred to as the Released Party), from and/or for any and all liability and any and all claims, including without limitation, those based in tort (strict liability or otherwise), contract, negligence, or any other federal, state, or local law, due to any illness or injury (including without limitation death) and/or property loss arising directly or indirectly from or related to the Challenge Course and Climbing and Bouldering Wall. The Undersigned voluntarily and forever releases and discharges the Released Party from any and all known and unknown claims, actions, and/or liability of any kind including, without limitation, any loss, damage, or injury to person (including death) or property.

\_\_\_\_\_  
Initial of Parent/Guardian #1

\_\_\_\_\_  
Initial of Parent/Guardian #2

\_\_\_\_\_  
Initial of Participant

Assumption of Risk: Participation in the Challenge Course carries certain inherent risks regardless of the care taken to avoid injury. Risks may be affected by variable factors such as the weather, course condition, and conduct of participants. Injury risks range from: 1) minor injuries such as scratches, bruises, bumps, and sprains, to 2) major injuries such as broken or sprained joints, tendons, ligaments, legs, or arms, other limb injury or loss of use, and concussions, to 3) catastrophic injuries such as paralysis and death. The risks have been explained and the Undersigned fully understands the risks. In any event, the Undersigned accepts, assumes, and undertakes all risks after adequate and full inquiry and investigation by the Undersigned. The Undersigned agrees to use sound judgment in undertaking the Challenge Course and Climbing and Bouldering Wall and to follow instructions, whether oral or written. The Undersigned agrees that participation in the Challenge Course and Climbing and Bouldering Wall is voluntary. The Undersigned has read this paragraph carefully in its entirety and knows, understands, accepts, and voluntarily assumes all risks arising out of or relating to participation in the Challenge Course and Climbing and Bouldering Wall.

\_\_\_\_\_  
Initial of Parent/Guardian #1

\_\_\_\_\_  
Initial of Parent/Guardian #2

\_\_\_\_\_  
Initial of Participant

Indemnification and Hold Harmless: The Undersigned also agrees to INDEMNIFY AND HOLD GSCI HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, judgments, damages, settlement, and liabilities (including without limitation, court costs and attorneys' fees) arising out of or related to the Challenge Course and Climbing and Bouldering Wall, and the Undersigned agrees to reimburse GSCI for any and all such expenses.

\_\_\_\_\_  
Initial of Parent/Guardian #1

\_\_\_\_\_  
Initial of Parent/Guardian #2

\_\_\_\_\_  
Initial of Participant

Severability: The Undersigned expressly agrees that this Waiver and Release of Liability, Assumption of Risk, and Indemnification Agreement is intended to be as broad and inclusive as permitted by the law, and if any portion of this Agreement is held invalid, the other portions shall continue to be and remain in full force and effect.

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Parent/Guardian #1 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian #2 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
City State Zip

# CAMPER/ADULT HEALTH RECORD FOR CAMP

This form is required for Overnight Camp, Day Camp, trips of 3 days or more, and certain adventure activities.

Overnight Campers must have this form completed by a physician.

Day Campers may have the form completed by a parent/guardian. Physician signature is not required.

Fill out all sections completely. Indicate None or Does Not Apply as necessary.

A. Participant Name (Last, First, Initial)		Name and relationship of parent/guardian completing this form			Phone	
Address (Street & Number)		City or Town	State	Zip Code	Date of Birth	Age
						Sex

**B. EMERGENCY/TRANSPORTATION CONTACT** – Must include parent/guardian or person completing form.

Relationship Key: M=Mother, SM=Stepmother, F=Father, SF=Stepfather, GP=Grandparent, O=Other

NAME	RELATIONSHIP	DAY PHONE	EVENING PHONE	CELL PHONE	THIS PERSON IS AN EMERGENCY CONTACT	MY GIRL SCOUT MAY BE RELEASED TO THIS PERSON
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Physician's name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dentist's name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are there any legal custodial issues we should be aware of?  Yes  No

If yes, please explain. \_\_\_\_\_

**C. HEALTH HISTORY** – To be completed by parent/guardian. Check all that apply. Please contact the camp director before the start of camp if you would like to discuss any accommodations or needs to ensure your camper is successful at camp. Explanations of any items checked should be added at the end of this section sections F & G.

ALLERGIES (Complete reverse side.)	DISEASES	CHRONIC OR RECURRING ILLNESS	OTHER HEALTH CONDITIONS	
<input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Hay fever/Pollen <input type="checkbox"/> Insect stings <input type="checkbox"/> Medicine/Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Chicken pox <input type="checkbox"/> Eating disorder <input type="checkbox"/> German measles <input type="checkbox"/> Measles <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Mumps <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Diabetes Type 1 <input type="checkbox"/> Diabetes Type 2 <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Kidney disease <input type="checkbox"/> Musculoskeletal disorders <input type="checkbox"/> Seizures/Epilepsy <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Sinusitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Bedwetting <input type="checkbox"/> Behavioral disturbances <input type="checkbox"/> Constipation <input type="checkbox"/> Depression <input type="checkbox"/> Diarrhea <input type="checkbox"/> Emotional disturbances <input type="checkbox"/> Fainting <input type="checkbox"/> Frequent colds <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Frequent stomach aches <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> Menstrual cramps <input type="checkbox"/> Motion sickness <input type="checkbox"/> Night terrors <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Pediculosis (lice) <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Wears glasses/contacts <input type="checkbox"/> Wears orthodontic devices <input type="checkbox"/> Other (specify)

**In the past year has your camper had:**

- an injury/illness requiring medical attention
- a surgical operation or fracture
- restrictions from participation in physical education
- an illness lasting longer than 5 days
- hospital treatment
- exposure to contagious disease

**Is your camper currently:**

- receiving psychological counseling
- under a physician's care
- restricted in physical activity
- taking prescription medication (Complete reverse side.)
- taking over the counter medication (Complete reverse side.)
- taking no medication on a routine basis

Please explain any items checked on the lines below. Include dates and any information that would be helpful to camp staff in relation to these health conditions. Add a separate sheet if needed. Allergies and medications should be explained on reverse side.

\_\_\_\_\_

**D. OTHER INFORMATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Specify any special dietary regimen to be followed:

Specify activities to be encouraged:

Specify activities to be restricted:

List necessary adaptations or limitations:

Has your camper been taught about menstruation?

Yes  No

Has your camper begun menstruation?

Yes  No

**E. PERMISSION TO TREAT**  
My camper has permission to take or use the following:

- Advil/Ibuprofen
- Midol
- Tylenol/acetaminophen
- Calamine/Cala-gel/Aloe gel
- Hydrocortisone cream
- Neosporin
- Benadryl/antihistamine (oral)
- Robitussin/expectorant
- Sudafed/decongestant
- Cough Drops
- Chloraseptic/Throat spray
- Tums/Maalox/Mylanta/antacid
- Kaopectate/anti-diarrheal
- Milk of Magnesia/laxative
- Swimmer's Ear/alcohol
- Eye drops
- Other \_\_\_\_\_

This health record, including the allergy and medication information on the reverse side, is complete and accurate. My camper has my permission to engage in all prescribed activities, including strenuous activities such as hiking, swimming, climbing hills, and horseback riding (if applicable), except as noted by me and the examining physician.

I give my permission for the camp staff to obtain in-camp or out-of-camp medical treatment for my camper should the need arise while they are at camp. In case of emergency, if none of the above can be contacted, I consent to treatment for my camper under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. If my camper is out of camp on a trip, I will not be contacted before medical treatment is given.

**HEALTH INFORMATION PRIVACY STATEMENT**

The **Camper/ Adult Health Record for Camp** is for health care concerns at Girl Scout day camp or resident camp sessions only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health service supervisor at the camp. Minimal necessary information may be shared with other staff/volunteers in order to provide adequate participant safety and health care. Girl Scouts of Central Illinois, will retain the health form until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**F. MEDICATION INFORMATION** - To be completed by the parent/guardian. Your campers over-the-counter and prescription medications will need to be brought with them to camp in the original containers with their correct label and dosage information. Attach a separate sheet if necessary.

Medication	Condition Treated	Dosage	Time of Day		Taken With Food
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Continued on Next Page**

**PARTICIPANT NAME (LAST, FIRST, INITIAL)** \_\_\_\_\_

**G. ALLERGIES** – To be completed by the parent/guardian. List all known allergies. Attach a separate sheet if necessary.

MEDICATION ALLERGIES	REACTION OR SYMPTOMS	MANAGEMENT OR TREATMENT
_____	_____	_____
_____	_____	_____
FOOD ALLERGIES	REACTION OR SYMPTOMS	MANAGEMENT OR TREATMENT
_____	_____	_____
_____	_____	_____
OTHER ALLERGIES (animals, hay fever, etc)	REACTION OR SYMPTOMS	MANAGEMENT OR TREATMENT
_____	_____	_____
_____	_____	_____

**H. DOCTOR'S APPROVAL TO SELF-ADMINISTER INHALERS**

Please allow \_\_\_\_\_ to self-administer their inhaler. \_\_\_\_\_ has asthma and understands how to use the inhaler, since they have been self-administering the inhaler for some time. (In the past, nurses kept the inhalers in their office, but the law has changed since Governor Ryan signed SB979 into law amending the School Code to require a school to permit the student to self-administer.)

Doctor Signature and Date \_\_\_\_\_ Parent/Guardian Signature and Date \_\_\_\_\_

**I. IMMUNIZATIONS**

An immunization record is required for all day camp and overnight campers. Immunizations should meet current requirements for public school attendance in Illinois. The record may be completed by a physician or you may attach a current copy of your immunization record.

IMMUNIZATIONS	YEAR PRIMARY SERIES COMPLETED	YEAR OF LAST BOOSTER
Diphtheria		
DTP/DTaP		
Hepatitis B		
HIB (Haemophilus influenza b)		
Measles		
Oral polio		
Pertussis (Whooping Cough)		
Rubella		
TD (Adult tetanus-diphtheria toxoid)		
Tetanus		_____ (w/in last 10 yrs)
Tuberculin test	Year last given _____ Result _____	
COVID-19		
Other		

**PHYSICIAN DOCUMENTATION**

Physician documentation is required for overnight camps or trips of 3 nights or more. It is not required for day camps. Complete all sections as well as the immunization record on page 3. Required health exam must be completed by a licensed physician, nurse practitioner, physician's assistant, or registered nurse with 24 months prior to the start of the camp session.

**J. HEALTH EXAMINATION**

Patient's first and last name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

EYES - Without Glasses R 20/\_\_\_\_ L 20/\_\_\_\_ With Glasses R 20/\_\_\_\_ L 20/\_\_\_\_ EARS - Hearing R \_\_\_\_\_ Hearing L \_\_\_\_\_

ORGANS, ETC.	SATISFACTORY	NOT SATISFACTORY	NOT EXAMINED
Abdomen			
Color vision			
General physical and emotional status			
Genitalia			
Heart			
Hernia			
HGB *			
Lungs			
Musculoskeletal			
Nose			
Skin			
Teeth			

\* Not required for every health examination. A Girl Scout in grades K-6 should have this test if they have not already had it, either when entering school or at any time since. A Girl Scout in grades 7-12 should have this test if they have not had it since entering puberty.

**K. PHYSICIAN'S COMMENTS AND RECOMMENDATIONS**

Note any restrictions, limitations, needed adaptations, and/or guidelines for care and treatment of health conditions. Give details or indicate management of significant illness.

**L. LICENSED PHYSICIAN'S RELEASE**

This person is in satisfactory condition and may engage in all prescribed activities, including strenuous activities such as hiking, swimming, climbing hills, and horseback riding (if applicable), except as noted.

Physician's signature \_\_\_\_\_ Date of physician's signature \_\_\_\_\_ Date of patient's last health examination \_\_\_\_\_

Physician's name (please print) \_\_\_\_\_ Facility/Office name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Facility address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department: Program	Approved by: COO Operational Services
To Be Reviewed: September	Last Reviewed: April 2009
Last Revised: April 2009	Revision Number: 1

## Parent Questionnaire

Camper Name \_\_\_\_\_ Nickname, if any \_\_\_\_\_

Session Name & Date \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ # of years as Girl Scout \_\_\_\_\_ # years as Camper \_\_\_\_\_

# of Sisters \_\_\_\_\_ # of Brothers \_\_\_\_\_ Pets \_\_\_\_\_

1. What responsibilities does your camper have at home? \_\_\_\_\_

2. What kind of eater is your camper typically? Hearty      Moderate      Light

3. What are your camper's favorite foods? \_\_\_\_\_

4. Is your camper prone to stomach problems?      Yes      No

Comments: \_\_\_\_\_

5. Has your camper ever been away from home without members of your family?      Yes      No

a. For how long? \_\_\_\_\_

6. What is their comfort level in the outdoors? \_\_\_\_\_

7. What is your camper looking forward to at camp? \_\_\_\_\_

\_\_\_\_\_

8. What are your hopes/goals of their camp experience? \_\_\_\_\_

\_\_\_\_\_

9. What worries/fears does your camper have about camp? \_\_\_\_\_

What worries/fears do you have? \_\_\_\_\_

10. How long do you anticipate it will take them to adjust to camp? \_\_\_\_\_

11. What situations at camp do you expect to be particularly challenging for your camper? \_\_\_\_\_

\_\_\_\_\_

How have you encouraged them when things are challenging? \_\_\_\_\_

12. What behaviors does your camper typically show when stressed/uneasy? \_\_\_\_\_

\_\_\_\_\_

What can your camper's counselors do to help them in those situations?

\_\_\_\_\_

\_\_\_\_\_

13. Is your camper likely to speak up if something is wrong or bothers them? \_\_\_\_\_

14. Does your camper have any special needs/ behaviors of which our camp staff should be aware? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Does your camper know anyone else attending camp? Who? \_\_\_\_\_

16. How easily does your camper usually make new friends? \_\_\_\_\_

17. What kind of sleeper is your camper typically?      Heavy              Moderate              Light

Are they prone to sleeping problems?      Yes              No

Comments: \_\_\_\_\_

\_\_\_\_\_

18. Is there anything else you would like the camp staff to know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Camp Counselor,

My name is \_\_\_\_\_ and my friends call me \_\_\_\_\_.

I am \_\_\_\_\_ years old and will be in the \_\_\_\_\_ grade next year. My favorite color is

\_\_\_\_\_ and my favorite food is \_\_\_\_\_.

If I could be any animal I would be \_\_\_\_\_.

I decided to come to camp because \_\_\_\_\_.

I am excited to do \_\_\_\_\_ at camp.

This will be my \_\_\_\_\_ summer at Girl Scout Camp. My friend \_\_\_\_\_

is coming to camp too. The thing that worries me about camp is \_\_\_\_\_.

You also need to know this about me; \_\_\_\_\_.

Sincerely,

\_\_\_\_\_

**Tell us a little more about you!**

	Disagree a lot	Disagree a little	Agree a little	Agree a lot	Not sure
I often tell people how I feel about things					
I feel comfortable being outdoors at camp.					
I think I will have fun making new friends at camp.					
Nature is important to me.					
I like to try things I've never done before.					

 **Directions to Tapawingo** 

1450 Hickory Point Rd, Metamora, IL

- **From Bloomington:** Take I-74 West toward Peoria, exit Highway 116/Metamora. (continue with Highway 116 directions below)
- **From Quincy:** Take Highway 24 east towards Peoria. Merge on to I-474 toward Bloomington, take exit 9 (IL-29). Take ramp towards East Peoria; turn left onto Main St/IL-29. Main Street becomes Highway 116.
- **From Decatur:** Take 51 North to I-74 toward Peoria until you reach Highway 116 (see below).
- **From Springfield:** Take 55 North; merge onto 155 north to Peoria. Get on I-74 to Peoria, exit Highway 116/Metamora.
- **From Highway 116:** Take Highway 116 toward Metamora. Just past Germantown Hills, you will see the State Police Post (tall antenna). Turn left on Lourdes Rd. Take this road to a T-intersection. Turn right onto Santa Fe Trail. Go about 1 mile to Hickory Point Rd. Turn left on Hickory Point Rd. for .07 miles. The camp entrance will be on your right.

## Camp Contact Information

Feel free to contact the camp director for the camp you are attending:

<b>Camp Director</b>	Sarah “Freckles” Roberts <a href="mailto:sroberts@girlscouts-gsci.org">sroberts@girlscouts-gsci.org</a> / 217-299-0108
<b>Equestrian Coordinator</b>	Jessica “Hoops” Groszek <a href="mailto:jgroszek@girlscouts-gsci.org">jgroszek@girlscouts-gsci.org</a> / 217-720-2101
<b>Program Director</b>	Sara “Squatch” Tate <a href="mailto:state@girlscouts-gsci.org">state@girlscouts-gsci.org</a> / 309-214-1375



**Facebook:**

Each camp director and camp have a Facebook page. We encourage you to become friends with the camp director and like the camp's page.

Camp Tapawingo – CampTapawingogsci  
Girl Scouts of Central Illinois – gscentralil

**WE CAN'T WAIT TO SEE YOUR CAMPER!**