



Two Rivers Day Camp 2025 Registration July 28 – August 1, 2025



*One form per family

Last Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Home Phone Number: _____

Work Phone Number: _____ Cell Phone Number: _____

Parent/Guardian Name: _____ Home Phone Number: _____

Work Phone Number: _____ Cell Phone Number: _____

Primary/Parent's Email: _____

*** We will be contacting you multiple times through this email. Please check it often!**

Youth Staff Email: _____ Youth Staff Cell Phone: _____

Youth Staff Email: _____ Youth Staff Cell Phone: _____

**** All mailings, including confirmation and packing list, will be sent via email unless checked below ****

I don't have email access, please mail info to me

Emergency (Non-parent) Contact Name: _____

Phone Number: _____ Cell Phone: _____

Relationship: _____

Please fill in chart for EVERY person attending Day Camp (including adults & siblings)

Service Unit:

First Name	Last Name	Troop #	Grade in Fall 2024 (for sibling care, list age)	I am a:			GSUSA Registered (check for yes)	Over-night (5 th grade or older) (check for yes)	T-Shirt Size** (select "none" for no shirt)
				Camper (going into 1-6 grade)	Youth Staff (going into 7-12 grade)	Adult (18+ as of 10/1/24) ***			

****T-shirts come in Youth Small (6-8), Medium (10-12), Large (14-16), X-Large (16-18 and Adult Small, Medium, Large, X- Large, 2X-Large (\$2.00 more for 2X-Large), 3X-Large (\$3.00 more for 3X-Large)**

***** ALL adults volunteering at Day Camp MUST be registered and have completed a free online background check (link on website). There is no charge for adult volunteers to attend camp.**

Camper's will be placed in units based on age, if you need special considerations, please list on back of this form.

Adults: Days Available:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Overnight
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Release & Busing Authorization

Section 1: Transportation to/from camp: Please complete for each day of the week. If taking a bus, also fill out section 2, otherwise skip to section 3. *** Every child picked up at camp must be signed out daily. Please bring a picture ID. **Champlin, Oak Grove or No Busing**

Monday	Tuesday	Wednesday	Thursday	Friday

If someone in the family is arriving/leaving differently, please make note in the lines below: (ex: camper taking bus, mom driving separately on Tuesday, no sibling coming Wednesday)

Section 2: Who will Drop off/Pick up from bus stop: (Parent/guardian, etc.) Complete for every day riding the bus

Monday	Tuesday	Wednesday	Thursday	Friday

Section 3: Release Authorization: This release is valid for all children who are attending Day Camp as Campers, Youth Staff, Sibling Care

My Girl Scout &/or other children may be released to emergency contact I have listed on page 1 or any of the following besides custodial parent(s)/guardians(s) listed on this registration form:

Name	Home/Cell Phone	Work Phone	Relation

Do NOT release my child(ren) to the following:

Name	Relation

Campers – Please buddy my camper(s) with the following girl in the same grade (1 buddy per camper):

*Both buddies must list each other & be in same grade to guarantee placement in same unit.

Camper Name	Camper Troop #	Buddy Name	Buddy Troop #

Adults, Caddies and Assistants:

What levels do you prefer to work with? (Daisy, Brownie, Junior) (Although we will consider your preferences, we cannot guarantee you will be with your preferred unit)

Adult/Youth Staff Name	Camp Nickname – ex: "Scrapper"	1 st Choice	2 nd Choice	3 rd Choice	Please specify for "Other"

Adults: Please check below all you have completed & current. All adults MUST complete a GSUSA background check.				Youth Staff: Please fill in dates you have completed the following:					
Adult's Name	GSUSA Background check	Campfire trained	First Aid & CPR Exp. date	Youth Staff's Name	Program Aide PLUS/ Program Aide	Junior Caddie	Caddie	Senior Caddie	Cadoodles

Camp & Registration Fees (must be included with registration to be processed)			
	Quantity	Price Each	Total
Camper Fee (Includes T-Shirt) Youth Staff don't need to pay this		\$125.00	\$
Youth Staff Fee (Includes T-shirt) This is only for Youth Staff		\$25.00	\$
Adult Volunteer (no T-shirt included)		\$0.00	Free
Overnight Fee (5 th grade & older only) Cost applies for Campers & Youth Staff		\$15.00	\$
Adult Overnight (No fee)		\$0.00	Free
Adult/Sibling T-Shirt Fee (For adult volunteers or siblings who wish a T-shirt)		\$11.00 (\$13 for 2XL, \$14 for 3XL)	\$
Late Fee (for any registrations received after May 15, 2024)		\$25.00	\$
Subtotal			\$
Juliette Credits/Fall FUNds/Cookie Credits/Cookie Bonus Used			- \$
Discount for Adult Volunteer	Discount Code(s):	All adults that pre-register by the deadline will receive an email with their discount code & amount.	-\$
Campership Applied For (Grant application must be filled out & included with paperwork. You MUST include non-refundable \$10.00 application fee – include in the TOTAL DUE listed below)			- \$
TOTAL DUE (make check out to TWO RIVERS DAY CAMP)			\$

Parent or Guardian, please complete the following:

I give my full permission for my Camper(s)/Youth Staff(s)/sibling(s) to attend Day Camp and to participate in the activities. I have read and understand the Day Camp information and agree to cooperate with all of the regulations. I also give my permission for my child(ren) to be photographed for Girl Scout purposes. I understand that I am responsible for getting my child(ren) to and from the bus stop unless otherwise arranged in advance and in writing with the Day Camp staff. I will not allow her/them to attend if she/they becomes exposed to any contagious disease (this includes head lice), or if for any reason, I do not consider her/them to be in good physical condition. I give my permission for my child(ren) to receive necessary medical attention at a hospital or from the Camp Health Supervisor or designee.

Signature: _____ **Date:** _____

Adult volunteers, please complete the following:

I have read and understand the Day Camp information and agree to cooperate with all the regulations. I give permission to be photographed for Girl Scout purposes. I give permission to receive necessary medical attention at a hospital or from the Camp Health Supervisor or designee. **Every adult listed on the form must sign.**

Registration, Health & Medication Forms can be Emailed to:
tworiversdaycamp3@gmail.com
OR Mailed with payment to:
 Two Rivers Day Camp
 20918 Ghia St NE
 East Bethel, MN 55011

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____