



**Northern Lights Day Camp  
Caddie Registration  
July 10 - 14, 2023**



All older girl volunteers will be expected to:

- Be a registered Girl Scout complete Council Lead Caddie training prior to Day Camp.
- Return registration forms along with a completed health history form, medication form, appropriate fees, signed behavior contract to Northern Lights Day Camp prior to site orientation.
- Attend Caddie Training Day

If you have any questions or concerns, please email Day Camp Directors at [NLDaycamp@gmail.com](mailto:NLDaycamp@gmail.com)

**Mail check, registration, medication and health form to:**

**Northern Lights Day Camp, % Parker J., 2233 Ryan Court, North St. Paul, MN 55109**

Name: (first, middle initial, last)		
Address:	State:	Zip:
Phone:	Cell:	Fall Grade in 2023:
Birthday (DD/MM/YY)	Registered Girl Scout: <input type="checkbox"/> Yes <input type="checkbox"/> No	Troop #
Email:		Can we use for primary contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of summer's you have been a caddie at a Girl Scout camp: Areas you have worked in:		
Buddy you would like to Caddie with (if possible):	Your Caddie Name:	
Ways you would be willing to volunteer: (please check)  <input type="checkbox"/> Working with Girl Scout Daisies and Brownies (grades 1-3) <input type="checkbox"/> Working with Girl Scout Juniors (grades 4-5) <input type="checkbox"/> Working with Girl Scout Cadettes (grade 6)	<input type="checkbox"/> Working with program <input type="checkbox"/> Crafts <input type="checkbox"/> Kitchen <input type="checkbox"/> Sibling Care <input type="checkbox"/> Other: (please specify) _____	
Would you prefer to be in any specific unit: <input type="checkbox"/> Yes <input type="checkbox"/> No (This is especially true if you have been a Caddie with us before and would like to stay with the same girls.)		
Training you have attended: (please check)  <input type="checkbox"/> Program Aide Training    Date Attended: _____  <input type="checkbox"/> Junior Caddie Training    Date Attended: _____  <input type="checkbox"/> Caddie Training    Date Attended: _____  <input type="checkbox"/> Senior Caddie Training    Date Attended: _____	<input type="checkbox"/> Current First Aid Training - Expires: _____ <input type="checkbox"/> Current CPR Training - Expires: _____  Would you be willing to take any of the above training as needed for day camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Day Camp fees for Caddies : \$40

\$ \_\_\_\_\_

Unexpired Cookie Credits: (Dollar amount →)

- \$ \_\_\_\_\_

Grants for Girls (Application attached)

- \$ \_\_\_\_\_

Select T-shirt size:

Child sizes:  medium (8-10)  large (10-12)

Adult sizes:  S  M  L  XL  XXL

Additional T-shirts \$15- indicate size and quantity

\$ \_\_\_\_\_

**Checks payable: Northern Lights Service Unit**

Total \$ \_\_\_\_\_

I give permission for my participant to attend day camp and participate in all activities, including overnights, which are part of the program, unless otherwise indicated. I agree to cooperate with all regulations and policies. I give permission for my participant to be photographed or recorded, and for the council to use this material for publicity purposes. I will not send my participant if she becomes exposed to any contagious disease (including head lice), or if I do not consider her to be in good physical condition. I give permission for my participant to receive necessary medical treatment at area hospitals/medical centers or from the Day Camp Health Supervisor or designee. I give permission for my participant, if not currently a member, to join Girl Scouts of the USA and have enclosed \$25 membership dues. I will read and abide by any other communications from the Day Camp.

Caddie Signature:

Date:

Parent/Guardian Signature:

Date: