Bigfoot Bootcamp

DAY ONE

5:30 pm - 6:15 pm — Gate will open and staff will check you in

- You'll drive up to the main parking lot where staff will greet you.

Luggage - Camp staff will tell you where you are sleeping

- Lodging assignments are listed after this schedule.
- Dress in layers so you will be comfortable with indoor and outdoor activities.
- All activities are subject to weather; we will have alternate programs available if needed.

Check-In at the Lodge

- Turn in your Program Release form.
- **Medications:** Youth attending with their troop need to turn in their medications to their troop leader with a completed **Medication Log** and **EPI-Pen Authorization Form**, if applicable. Adults attending with their troops need to keep their medications in a locked, secure location (e.g., in a vehicle). If an adult or youth is taking medications or has a medical condition that could impair the ability to participate in the program, please discuss the details with the Program Lead upon arrival.

Welcome Activities

- Snacks will be available if you need a quick bite before dinner.
- Coloring pages, friendship bracelets, and boondoggle supplies will be available.

6:15pm-7:00pm — Dinner (Lodge)

- Dinner will begin at 6:15pm
- An activity will be offered for girls who finish dinner early while we wait for everyone to arrive at camp.

7:30 pm - 8:30 pm — Hike the Promise Path

- Bundle up, bring your flashlights and meet camp staff at the flagpole for an evening hike around Lake Brimhall

8:30 pm - 9:30 pm — Campfire Program

- Meet us at the amphitheater for our campfire program; we will have s'mores for dessert!

10:00 pm — Bedtime

- Staff will be sleeping in the health center in the lodge.
- If you need anything during the night, please don't be afraid to wake us up!

DAY TWO

7:15 am — Wake up

- Please begin packing up your luggage/sleeping bags to make check-out smoother.

8:00 am - 8:45 am — Breakfast

- Breakfast will be served cafeteria style.

9:00 am - 12:00 pm — Morning Activities (groups will be assigned at check-in Friday night)

- 9:00am-10:00am:
  - Group 1 – Boating (Meet at the boathouse)
  - Group 2 – Perler and pony bead animals (Meet in the art room)
  - Group 3 – Rock climbing (Meet at the Rockwall)
  - Group 4 – Bean mosaic art (Meet in the program room)
- 10:00am-11:00am
  - Group 1 – Bean mosaic art
  - Group 2 – Boating
  - Group 3 – Perler and pony bead animals
  - Group 4 – Rock climbing
- 11:00am-12:00pm
  - Group 1 – Rock climbing
  - Group 2 – Bean mosaic art
  - Group 3 – Boating
  - Group 4 – Perler and pony bead animals

12:15 pm - 1:00 pm — Lunch

- Lunch will be served cafeteria style

1:15 pm - 2:15 pm — Afternoon Session

- Group 1 – Perler and pony bead animals
- Group 2 – Rock climbing
- Group 3 – Bean mosaic art
- Group 4 – Boating (Will assist lifeguard with boats at the end of the session)

2:30 pm - 3:00 pm — Kapers (Lodge)

- Campers will help clean their sleeping area as well as the lodge

3:00 pm — Thank you for coming!

- We hope you had a great time with us at camp!

GROUPS WILL BE DETERMINED AFTER CHECK-IN ONCE WE HAVE THE ACTUAL NUMBER OF PEOPLE IN ATTENDANCE FROM EACH TROOP.

LODGING NOTES

- Lodging assignments are on the next page.
- There are all-gender bathrooms in the lodge and female stalls in the biffy near the cabins

Minicamp: Bigfoot Bootcamp (Cloud Rim) - Entering Grades K-12, Troop - September 11-12, 2026

Frontier - Cabins

1	1–9	Troop 857 3 adults 6 youth
	10	
2	1–9	Troop 1111 2 adults 7 youth
	10	
3 BUNKS	1–8	Troop 2681 5 adults 3 youth
	9–12	Troop 2681 4 youth

Lookout - Cabins

1	1–9	Troop 857 3 adults 6 youth
	10	
2	1–9	Troop 857 3 adults 6 youth
	10	
3	1–9	Troop 857 2 adults 6 youth
	10	

Lodge Downstairs Bedrooms

1	1–3	Troop 2655 3 youth
2	1–3	Troop 2655 3 youth
3	1–2	Troop 2655 2 adults
	3	

Lodge Staff Lounge

1	1–4	Troop 2655 4 youth
	5–6	

Lodge Upstairs Bedrooms

1	1–2	
2	1–2	

Lodge Health Center

1	1–6	

Troop	Y	A	T	Notes
Troop 2681	7	5	12	
Troop 857	24	11	35	
Troop 1111	7	2	9	
Troop 2655	10	2	12	
Troop 2686	3	3	6	1 adult male
	51	23	74	

PLATFORM TENTS
Troop 2686
3 adults
3 youth

Report Pulled: 8/22/2026

Minicamp: Bigfoot Bootcamp (Cloud Rim) - Entering Grades K-12, Troop - September 12-13, 2026

Frontier - Cabins

1	1	Troop 2058 3 adults 5 youth
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

2	1	Troop 2058 3 adults 4 youth
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

3 BUNKS	1	Troop 2652 3 adults
	2	
	3	
	4	Troop 2652 5 youth
	5	
	6	
	7	
	8	
	9	Troop 2652 4 youth
	10	
	11	
	12	

Lookout - Cabins

1	1	Troop 2260 2 adults 7 youth
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

2	1	Troop 2260 2 adults 7 youth
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

3	1	Troop 175 2 adults 7 youth
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

Lodge Downstairs Bedrooms

1	1	
	2	
	3	

2	1	
	2	
	3	

3	1	
	2	
	3	

Lodge Staff Lounge

1	1	
	2	
	3	
	4	
	5	
	6	

Lodge Upstairs Bedrooms

1	1	
	2	

2	1	
	2	

Lodge Health Center

1	1	
	2	
	3	
	4	
	5	
	6	

Troop	Y	A	T	Notes
Troop 2058	9	6	15	
Troop 2260	14	4	18	
Troop 175	7	2	9	
Troop 2652	9	3	12	
	0	0	0	
	0	0	0	
	0	0	0	
	0	0	0	
	0	0	0	
	39	15	54	

Report Pulled: 8/22/2026

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PROGRAM RELEASE FORM

Families need to only fill out one form.

Bring this completed form to the program you will be attending. This form will not be returned.
The camp/program director has the right to refuse to admit anyone who does not meet the acceptable health conditions (temperature, contagious disease, etc.).

PROGRAM NAME _____ **PROGRAM DATE** _____

PARTICIPANT #1 INFORMATION

Participant Name: _____ Troop #: _____ Birth Date: ____/____/____ Age: _____

Allergies: ❑Yes ❑No – If Yes, please list: _____

Special medical or other pertinent information:

❑Yes ❑No – If Yes, please list: _____

Limitations of activity:

❑Yes ❑No – If Yes, please list: _____

PARTICIPANT #2 INFORMATION

Participant Name: _____ Troop #: _____ Birth Date: ____/____/____ Age: _____

Allergies: ❑Yes ❑No – If Yes, please list: _____

Special medical or other pertinent information:

❑Yes ❑No – If Yes, please list: _____

Limitations of activity:

❑Yes ❑No – If Yes, please list: _____

PARTICIPANT #3 INFORMATION

Participant Name: _____ Troop #: _____ Birth Date: ____/____/____ Age: _____

Allergies: ❑Yes ❑No – If Yes, please list: _____

Special medical or other pertinent information:

❑Yes ❑No – If Yes, please list: _____

Limitations of activity:

❑Yes ❑No – If Yes, please list: _____

PARENT/GUARDIAN INFORMATION OF PARTICIPANTS WHO ARE MINORS

Parent/Guardian #1

Name: _____

Relationship to Participant: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Cell Phone: _____

Alternative Phone: _____

Parent/Guardian #2

Name: _____

Relationship to Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Alternative Phone: _____

EMERGENCY CONTACT INFORMATION (If minors are attending, please list a non-parent/guardian contacts)

Contact #1

Name: _____

Relationship to Participant: _____

Cell Phone: _____

Alternative Phone: _____

Contact #2

Name: _____

Relationship to Participant: _____

Cell Phone: _____

Alternative Phone: _____

DESIGNATED DRIVER RELEASE

To ensure the safety of minors, girls will only be released to those listed below.

- Be taken to program by: Name _____ Relationship to minor _____ Phone _____
- Be taken home by: Name _____ Relationship to minor _____ Phone _____
- If applicable, can your Girl Scout drive themselves? ☐Yes ☐No

PERMISSION STATEMENT

I give permission for all participants listed above to:

- Attend the Girl Scout program listed above.
- Be treated by a health care provider, first aider, health supervisor, and/or hospital in case of an emergency.
- Have photographs, video, audiotape, and artist renditions to be taken of them while involved in Girl Scout programs. I allow Girl Scouts of Utah to release said images for the promotion and publicity of Girl Scouting.
- **HIGH RISK ACTIVITIES:** I recognize that some Girl Scout activities such as horseback riding, climbing, rappelling, biking, rafting, ropes course, archery, and the waterfront are high-risk activities and can be dangerous. I will be responsible for ensuring that I/my Girl Scout(s) brings the required equipment and I/she will only participate if I/she is in good physical condition.
- **ADVENTURE AND LEADERSHIP PROGRAMS:** I understand that I/my camper may participate in hikes and adventure activities off of Girl Scout owned property. Overnight campouts are part of some programs. Girl Scouts in leadership programs may be transported to various program sites during their programs. Girl Scouts in high adventure programs may also be transported to program sites. I authorize Girl Scout staff/volunteers to transport me/my Girl Scout to and from these activities.
- COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Utah takes every safety and preventative precaution, Girl Scouts of Utah can in no way warrant that COVID-19 infection will not occur through participation in Girl Scouts of Utah programs.

PLEASE SIGN _____ _____

Signature of Self or Parent/Guardian of Minors Date

IF ATTENDING A SUMMER RESIDENT CAMP PROGRAM, DO NOT FILL OUT THIS FORM. INSTEAD ENTER MEDICATIONS INTO THE ONLINE HEALTH CARE RECORD SYSTEM. FOR ALL OTHER PROGRAMS/EVENTS, PRINT THIS MEDICATION AUTHORIZATION FORM, AND BRING THIS FORM WITH THE MEDICATIONS TO CAMP.
THIS FORM WILL BE USED FOR TROOP CAMPING, MINICAMPS, TRAVEL, PROGRAM EVENTS, ETC. QUESTIONS ABOUT THIS FORM? CONTACT INFO@GSUTAH.ORG

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MEDICATION LOG (HW.4.1 – D and HW.13.1 – AB)

IF THERE IS NO MEDICATION COMING WITH YOU TO THE PROGRAM, YOU DO NOT NEED TO BRING THIS FORM.

Name _____ ❑ Camp Cloud Rim ❑ Trefoil Ranch ❑ Minicamp/Event ❑ Other
Last First

Program date _____ Program name _____

Parents/guardians please note:

- Complete non-shaded areas for each medication to accompany your daughter or yourself.
- **All medication (prescription, over-the-counter, herbal, etc.) needs to be in its original container. No exceptions!!**
- **All prescription medication must be prescribed for the individual taking the medication. No exceptions!!**
- **Adults and minors attending programs must turn in medications.**
- For medications that are marked "as needed", your child is responsible to seek out the first aider to request her medication.
  - The staff/volunteers will not seek out your daughter to assist with "as needed" medication.
  - At day events, overnighters, and minicamps, the staff/volunteers cannot provide over-the-counter medications without first obtaining parental consent over the phone (unless a Health History & Consent form was turned in as well).
- Inhalers and Epi Pens stay with the person or, if a minor, they can stay with the minor or with an adult first aider attending the program depending on your preference (see separate Epi Pen Authorization form).
- When filling out this form:
  - List each medication in a new box.
  - List exact dosage (i.e. milligrams or teaspoons).
  - List the route in which medication will be taken (i.e. oral or topical).
  - List the exact strength (i.e. milligrams or teaspoons).
  - Mark the time of day the medication should be taken.
  - Circle which days the medication should be taken.
  - List any special comments in comment box.

Please note

I hereby give permission for staff/volunteers to assist my child to take the following medications according to the directions on the label and the information provided below. Staff/volunteers assists campers with their medications after the meal and at bedtime.

Please sign Parent/guardian signature _____ Date _____

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
Claritin Tablet	10 mg. (1 pill)	❑ Breakfast								Must take with food.
		❑ Lunch								
Example		❑ Dinner								
Route	**Strength**	☒ Bedtime								
Oral	10MG	❑ Other								
		❑ As needed								

ALL MEDICATION (OVER-THE-COUNTER, PRESCRIPTION, HERBAL, ETC.) MUST BE IN ORIGINAL CONTAINERS – NO EXCEPTIONS.

IF ATTENDING A SUMMER RESIDENT CAMP PROGRAM, DO NOT FILL OUT THIS FORM. INSTEAD ENTER MEDICATIONS INTO THE ONLINE HEALTH CARE RECORD SYSTEM.
FOR ALL OTHER PROGRAMS/EVENTS, PRINT THIS MEDICATION AUTHORIZATION FORM, AND BRING THIS FORM WITH THE MEDICATIONS TO CAMP.
THIS FORM WILL BE USED FOR TROOP CAMPING, MINICAMPS, TRAVEL, PROGRAM EVENTS, ETC. QUESTIONS ABOUT THIS FORM? CONTACT INFO@GSUTAH.ORG

PARTICIPANT NAME: ______________________________

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		❑ Breakfast								
		❑ Lunch								
		❑ Dinner								
Route	**Strength**	❑ Bedtime								
		❑ Other								
		❑ As needed								

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		❑ Breakfast								
		❑ Lunch								
		❑ Dinner								
Route	**Strength**	❑ Bedtime								
		❑ Other								
		❑ As needed								

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		❑ Breakfast								
		❑ Lunch								
		❑ Dinner								
Route	**Strength**	❑ Bedtime								
		❑ Other								
		❑ As needed								

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		❑ Breakfast								
		❑ Lunch								
		❑ Dinner								
Route	**Strength**	❑ Bedtime								
		❑ Other								
		❑ As needed								

ALL MEDICATION (OVER-THE-COUNTER, PRESCRIPTION, HERBAL, ETC.) MUST BE IN ORIGINAL CONTAINERS – NO EXCEPTIONS.

THIS FORM IS ONLY NEEDED IF A PARTICIPANT IS BRINGING AN EPI-PEN TO THE GIRL SCOUT PROGRAM.
IF ATTENDING A SUMMER RESIDENT CAMP PROGRAM, YOU WILL NEED YOUR HEALTH CARE PROVIDER TO SIGN THIS FORM AND THEN YOU NEED TO UPLOAD IT TO THE ONLINE HEALTH CARE RECORD SYSTEM.
THIS FORM WILL BE USED FOR TROOP CAMPING, MINICAMPS, TRAVEL, ETC. QUESTIONS ABOUT THIS FORM? CONTACT INFO@GSUTAH.ORG

girl scouts of utah

Epinephrine Auto Injector (EAI) Medication Form

(HW.4.1 – D and HW.13.1 – AB)

Utah Code Ann. 26-41-101, et seq.

Name of Girl _____ Date of Birth _____

_____

Address City State Zip

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

HEALTH CARE PROVIDER AUTHORIZATION (*must be provided*)

The above named Girl Scout is under my care. I feel it is medically appropriate for this Girl Scout to self-administer Epinephrine Auto Injector (EAI) medication, when able and appropriate, and be in possession of EAI medication and supplies at all times. The medication prescribed for this girl is:

Name of Medication _____

Dosage _____

Possible Side Effects _____

Signature Needed

_____ _____

Signature of Health Care Provider **Date**

_____

Parent/Guardian Authorization (mark all that apply)

- ☐ I authorize my child _____ to carry prescribed Epinephrine Auto Injector (EAI) medication and supplies.
- ☐ I authorize my daughter's leader to maintain my child's medication for use in an emergency.
- ☐ I authorize my child to self-administer and carry the prescribed medication described above.
- ☐ I do not authorize my child to carry and self-administer this medication. Please have the appropriate volunteers maintain my child's medication for use in an emergency.

My child and I understand there may be serious consequences for sharing any medications and/or supplies with other girls or volunteer staff. I further hereby release and agree to indemnify and hold harmless the Girl Scouts of Utah from any and all liabilities, claims and/or damages arising from any such sharing of medications by the above named child.

Please sign

_____ _____

Parent/Guardian Signature Date

THIS FORM IS ONLY NEEDED IF A PARTICIPANT IS BRINGING AN EPI-PEN TO THE GIRL SCOUT PROGRAM.

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IF ATTENDING A SUMMER RESIDENT CAMP PROGRAM, YOU WILL NEED YOUR HEALTH CARE PROVIDER TO SIGN THIS FORM AND THEN YOU NEED TO UPLOAD IT TO THE ONLINE HEALTH CARE RECORD SYSTEM.
THIS FORM WILL BE USED FOR TROOP CAMPING, MINICAMPS, TRAVEL, ETC. QUESTIONS ABOUT THIS FORM? CONTACT INFO@GSUTAH.ORG

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Epinephrine Auto Injector (EAI) Authorization Form

(HW.4.1 – D and HW.13.1 – AB)
Utah Code Ann. 26-41-101, et seq.

Name of Girl _____ Date of Birth _____

Troop #_____(or circle JUILETE) Grade Level _____

I _____ parent/guardian (circle one) of above girl certify that the epinephrine auto injector has been prescribed for her. I authorize the administration of Epinephrine Auto Injector (EAI) medication in an emergency to the identified girl.

Parental Responsibilities: By signing below, the undersigned parent or guardian understands, acknowledges and agrees to undertake the following responsibilities and acknowledges that neither the Girl Scouts of Utah, nor any employee or volunteer for the Girl Scouts of Utah, shall be responsible for any of the following:

- The parent or guardian is to furnish the Epinephrine Auto Injector (EAI) medication and bring to the appropriate leader in the current original pharmacy container and pharmacy label with the child's name, medication name, administration time, medication dosage, and healthcare provider's name.
- The parent or guardian, or other designated adult will deliver to the leader and replace the Epinephrine Auto Injector (EAI) medication within two weeks if the Epinephrine Auto Injector (EAI) single dose medication is given.
- If a Girl Scout has a change in her prescription, the parent or guardian is responsible for providing the newly prescribed information and dosing information as described above to leader. The parent or guardian will complete an updated Epinephrine Auto Injector (EAI) Authorization Form before the designated volunteer leader can administer the updated Epinephrine Auto Injector (EAI) medication prescription.
- The parent or guardian will complete, sign and deliver an Epinephrine Auto Injector (EAI) Medication form if the girl is to possess Epinephrine Auto Injector (EAI) medication at all times.

I give permission for the leader or designee to contact my child's healthcare provider if clarification is needed to administer Epinephrine Auto Injector (EAI). I agree to meet the parental responsibilities listed above. ***I give permission for the leader to release personal or medical information about my child in a health-related emergency situation if necessary.*** *I understand this completed and signed form authorizes personnel to administer epinephrine in emergency situations consistent with Utah Law. I further understand and acknowledge that pursuant to Utah Code Sec. 26-41-106, a leader or designee who volunteers to administer EAI Medication in an emergency in good faith shall not be liable in any civil or criminal action with respect to an anaphylactic reaction.*

Please sign Parent Signature _____ Date _____

Parent Phone Number _____ Parent Emergency Number _____

THIS FORM IS ONLY NEEDED IF A PARTICIPANT IS BRINGING AN EPI-PEN TO THE GIRL SCOUT PROGRAM.