



DAY/TWILIGHT CAMP REGISTRATION FORM

Form may be copied as needed. Please print clearly and use a pen with black or blue ink. Fill out entire form; incomplete forms will be returned and must be completed and resubmitted before a girl is placed. Mail or take the form with fee to your Regional Office or Service Center. If paying by credit card you may fax the form; registrations will not be accepted by phone or email.

GIRL INFORMATION

Camp name:		Dates:	
Are you registering a: <input type="checkbox"/> Camper <input type="checkbox"/> Staff Child <input type="checkbox"/> Program Aide			
First name:		Last name:	Middle initial:
Address:		City:	State:
Phone:	Grade in Fall 2010:		Birthdate:
<input type="checkbox"/> Registered, Troop #:		<input type="checkbox"/> Juliette <input type="checkbox"/> Not registered	Out of Council? Council Name:
Girl Scout Level in Fall: <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador <input type="checkbox"/> Non-GS			
Allergies: Check those that apply and list specific nature of reaction. <input type="checkbox"/> Animals <input type="checkbox"/> Pollen <input type="checkbox"/> Medicine <input type="checkbox"/> Plants <input type="checkbox"/> Hay Fever			
<input type="checkbox"/> Insect Stings <input type="checkbox"/> Food <input type="checkbox"/> Other Describe reaction:			
Immunization History (must have dates):		Month/Year primary series completed:	Month/Year last booster:
DTP			Varicella:
MMR			Hepatitis B:
Polio			

PARENT/GUARDIAN INFORMATION

Custodial parent/guardian name:		Primary Contact #:	
Address (if different from above) :		Secondary Contact #:	
E-Mail Address (for confirmations):			
Second parent/guardian name:		Primary Contact #:	
Emergency Contact:		Primary Contact #:	
Address:		Secondary Contact #:	
Who will pick your child up from camp?		Drivers License #:	State:

I know of no reason, other than information indicated on this form, why my child should not participate in prescribed activities as noted. I give permission for my child to attend and participate in all activities related to this event. I understand some risk is inherent in a natural setting and in activities such as archery, horseback riding, swimming, canoeing and sailing. I understand safety equipment will be provided and agree that my child will be responsible for wearing protective equipment and following safety rules as instructed. I understand that there may be minimum skill requirements for some activities, and if my child does not meet them, she will not be allowed to participate in that activity. I will not allow her to attend the event if she becomes exposed to any contagious disease or if for any reason I do not consider her in good physical condition. Medications will be administered by or in the presence of the responsible adult and only with written permission from a legal guardian or physician. Medications should be in the original container, carefully labeled with the girl's name and dosage and must be accompanied with written instruction from a legal guardian or physician. In case of accident or illness, I authorize a representative of GS-TOP to give consent to a physician and/or hospital for medical and/or surgical treatment. It is understood that every effort will be made to notify me before such action is taken. I understand that GS-TOP may use photographs or audio/video of my daughter in event activities for publicity. I understand the Council cannot be responsible for loss of valuables. If not a currently registered Girl Scout, I give permission for her to join.

Custodial Parent/Legal Guardian signature: _____ **Date:** _____

FEE INFORMATION

Camp fee:		+ \$		METHOD OF PAYMENT	
\$12 membership fee (if not a member)		+ \$		Payment must be included with registration or it will be incomplete.	
Cookie Bucks: _____ Boxes or \$ _____		- \$		<input type="checkbox"/> Check enclosed payable to GS-TOP: \$	
Sister-to-sister transfer:				<input type="checkbox"/> Charge my credit card this amount: \$	
Sister's name _____ Troop # _____ # of Boxes _____				Credit Card type: VISA MC Discover Amex	
Financial Assistance Requested		- \$		Credit Card number:	
Registration: Staff Child or Program Aide		FREE		Exp. Date:	
Total Due		\$		Cardholder's name:	
Office Use Only:				Cardholder's signature:	
Camp: _____ Date: _____		Date	Amt	Type	Balance
Fee: _____ P/W: _____					