

**Activity Registration**

Please complete using a pen and print clearly. Fill out the form completely. Incomplete forms will be returned and must be completed and resubmitted before a girl/adult is placed. Mail or take (with activity fee) to your local regional Girl Scout office. Registrations with credit card or cookie credit payments are accepted by e-mail or fax No registrations will be accepted by phone.

Event Name \_\_\_\_\_  
Event Date \_\_\_\_\_ Event Time \_\_\_\_\_  
Troop # \_\_\_\_\_ 00000 if you register as an individual  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_  
Age at time of activity \_\_\_\_\_  
E-mail for Confirmation \_\_\_\_\_  
Mother/Legal guardian \_\_\_\_\_  
Day phone ( ) \_\_\_\_\_ Evening phone ( ) \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Father/Legal guardian \_\_\_\_\_  
Day phone ( ) \_\_\_\_\_ Evening phone ( ) \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_

**Refunds, less 20% cancellation fee, will be issued if notification of cancellation is received in the council office at least 7 days prior to the event. No refunds will be issued if cancellation is made 6 or less days prior to the event.**

<b>OFFICE USE ONLY</b>	Placed _____	Wait List _____
Session _____	Date _____	Initial _____
Date entered _____	Initial _____	
Receipt # _____	Amount _____	Type _____
Refund date _____	Amount _____	Initial _____

**Emergency contact** (other than parent/legal guardian) during activity:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Are there specific transportation arrangements we should know about?  
Please explain \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
  
Girl activity fee \$ \_\_\_\_\_  
\$12 membership fee (new member) \$ \_\_\_\_\_  
Cookie Bucks to be used (if applicable) \$ \_\_\_\_\_  
Total amount attached \$ \_\_\_\_\_  
  
Charge to: \_\_ Visa \_\_ Discover \_\_ MasterCard \_\_ American Express  
Card # \_\_\_\_\_  
Expiration date \_\_\_\_\_  
Signature \_\_\_\_\_

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Expiration date \_\_\_\_\_  
Signature \_\_\_\_\_

**Health History**

Participant's name \_\_\_\_\_

**Chronic and recurring illness: (Check all that apply)**

- Ear infection
- Hypertension
- Seizures
- Asthma
- Other (specify) \_\_\_\_\_
- Bleeding/Clotting disorders
- Heart defect/Disease
- Musculoskeletal disorders
- Diabetes

**Allergies: (Check all that apply)**

- Food
- Medicines/drugs
- Animals
- Other (specify) \_\_\_\_\_
- Pollen
- Plants
- Insect stings

**Other health conditions:** Indicate any conditions which would impact her participation in this activity. \_\_\_\_\_

\_\_\_\_\_


Explain items that are checked. Indicate information useful to the adult in charge in relation to health conditions. Indicate activities to be encouraged or restricted. \_\_\_\_\_

\_\_\_\_\_

**Permission**

This health history is complete and accurate. I know of no reason(s), other than information indicated on this form, why my child should not participate in prescribed activities except 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 (i.e., riding helmets and personal floatation devices) 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. **Note:** Prescriptions and/or over-the-counter medications will be administered to a girl by or in the presence of the responsible adult and only with written permission from a custodial parent, legal guardian or a physician. Prescriptions and/or over-the-counter medications should be in the original container, carefully labeled with the girl's name and dosage, and must be accompanied by written instruction from a custodial parent, legal guardian or physician. In case of accident or illness, I authorize a representative of Girl Scouts of Texas Oklahoma Plains, Inc. 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 Girl Scouts of Texas Oklahoma Plains, Inc. may use photographs or audio/video tapes of my child in event activities for Girl Scout public relations. 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 \_\_\_\_\_ 

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