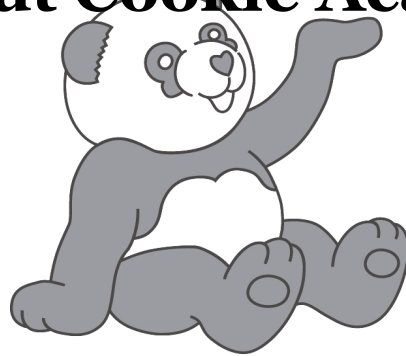


Girl Scout Cookie Academy Event



Girls are invited to “enroll” in a 2-hour Cookie Academy and be introduced to different components of Girl Scouting and the importance the cookie program plays in helping girls achieve their Girl Scout goals by attending mini classes and doing cookie-related activities.

When:

Where:

**Send Registration and Payment
To:**

Due Date:



Girl Scouts
Where Girls Grow StrongSM

Questions? Contact

Email:

Phone:

Girl Scout Council of the Nation's Capital

Girl's Name _____ Age _____ Birth date ____/____/____
Address _____ Phone _____
City _____ State _____ Zip _____ Email _____
Mother/Guardian _____ Day phone _____
E-mail _____ Evening phone _____ Cell or pager _____
Father/Guardian _____ Day phone _____
E-mail _____ Evening phone _____ Cell or pager _____
School Attending _____ State _____ Grade _____
Troop # _____ Level _____

The registrant's racial background is: *(optional)*

American Indian or Alaskan Native Asian Black or African American White Other _____
 Hawaiian or Pacific Islander *(please check one)* Hispanic or Latina Not Hispanic or Latina

Must have information for emergency contact if parent(s) cannot be reached (please print clearly):

Name/ Relationship: _____ Phone: _____

Name/ Relationship: _____ Phone: _____

HEALTH HISTORY – All Information provided will be kept confidential

Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed.

Are all immunizations up to date? ____ Yes ____ No If no, please state reason: _____

Please provide comments where applicable: Medication being taken _____

Special dietary needs/restrictions: _____ Weight of camper for dosage purposes: _____

Specific information including physical, psychiatric or behavioral problems: _____

Insurance company: _____ Policy Number: _____ Group # _____

Family physician: _____ Phone: Day _____ Eve _____

Parent Permission Statement

† The health history is correct as far as I know, and the person herein described has my permission to engage in all events activities except as noted. If she appears ill, I will not send her.

† **EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby grant permission to the program director to secure proper treatment for my child.

† The Girl Scouts may use any photo in which my child appears to promote Girl Scouting. For the purpose of liability insurance, my daughter has my consent to become a member of the Girl Scouts.

Parent/Guardian Signature required:

Signature _____ Date _____