

Fee-Funded Summer Day and Evening Camp Registration 2010

PLEASE USE A SEPARATE FORM FOR EACH CHILD. PLEASE PRINT. THIS FORM MAY BE PHOTOCOPIED.
ALL REGISTRATION FORMS MUST BE MAILED TO YOUR CAMP'S REGISTRAR. (See camp listing for mailing information)

Camp Name: _____ Session: _____ Camp Dates: _____

PAYMENT: Amount enclosed \$_____ (Make check or money order payable to: "Camp Name, GSCNC." Send to designated registrar. If a non-registered Girl Scout, add \$12.00 to camp fee)

FINANCIAL ASSISTANCE: Are you applying for financial assistance? Yes No

Family Can Pay: \$_____ Requested Amount: \$_____

Please explain reason for need: _____

Is she receiving Financial Assistance for another camp? Yes No

If yes, Sleep Away Day Camp -- Camp name (s): _____

Has she attended a Girl Scout Camp in the past? Yes No If yes, camp name: _____

Child's Name: _____ Female Male

Applying to summer camp as: Camper Aide-in-Training Program Aide Camp Aide Pixie (under 5)

Address: _____

City: _____ State: _____ ZIP Code: _____

Mother/Guardian: _____ E-mail: _____

Phone: Day (____) _____ Evening: (____) _____ Cell: (____) _____

Father/Guardian: _____ E-mail: _____

Phone: Day (____) _____ Evening: (____) _____ Cell: (____) _____

If divorced or legally separated, please indicate the custodial parent(s): _____

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

Name/ Relationship: _____ Phone: _____

Name/ Relationship: _____ Phone: _____

Grade in 2009-2010 School Year: _____ Birth date: _____ Age: _____

Current school attending: _____ Location: MD DC VA PA WV

If other or homeschool, name the location: _____

Transportation (if camp offers transportation and you need it, please note your preference):

Bus Stop/Closest School or Shopping Center: 1. _____ 2. _____

Currently registered Girl Scout? Yes No Troop # _____ (if no, add \$12.00 to camp fee)

Name of ONE buddy (if applicable, requests *are not guaranteed*): _____

T-shirt size (check one if applicable for your program):

Child: S (6-8) M (10-12) L (14-16) Adult: S M L XL XXL (if available)

We encourage you voluntarily to provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout movement.

The registrant's racial background is: (Please check as many as apply) American Indian or Alaskan Native

Asian Black or African American Hawaiian Pacific Islander White Other _____

The registrant's ethnic background is: (please check one) Hispanic or Latina Not Hispanic or Latina

Parent/Guardian Permission Statements

The health history on the reverse side is correct so far as I know, and the person herein described has my permission to participate in all prescribed camp activities as noted. If she/he appears to be ill, I will not send her/him to the program.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director or her/his designee to order x-rays, routine tests and treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or her/his designee to hospitalize, secure proper treatment for, and/or order injection and/or anesthesia and/or surgery for my child as named above.

The council may use photographs in which my child appears to promote Girl Scouting: Yes No

I understand my daughter will become a registered member of Girl Scouts of the USA through participation in this program.

Signature: (Please circle: parent or guardian) _____ Date: _____

***Registration is invalid without a parent/guardian signature.**

Please fill out the reverse side

HEALTH HISTORY

To be completed in detail for ALL participants. Please use additional sheet to describe symptoms of allergies and details of illnesses or health restrictions.

Child's Name: _____ **Birth date:** _____ **Age:** _____

Allergies

Insect Bites/Stings Hay Fever Poison Ivy/Oak Other _____

Please specify any accommodations that are needed: _____

Food Allergies and Dietary Restrictions

Vegetarian Vegan Kosher Halal Allergy Other _____

Please specify any accommodations needed: _____

Health Concerns

Ear Infections Asthma Diabetes Convulsions Skin Conditions Bedwetting Sleep Disorder Other _____

Please specify any accommodations needed: _____

Disabilities

ADD/ADHD Emotional Disability Learning Disability Physical Disability Visual Disability
 Deaf/Hard of Hearing Behavioral Problems Other _____

Please specify any accommodations needed: _____

Operations or serious injuries _____ Dates: _____

Immunization History

Are all immunizations up-to-date? Yes No **DTP or DT (Tetanus) Date:** _____

If immunizations are not up to date, including the DTP, please submit a state certificate from physician or parent stating medical or religious reason.

If your child is under 5 years old and is not currently in school full time, please attach a copy of their immunization record.

Medication Information

If your child requires medication at camp (prescription, over-the-counter medication, Epi-Pen or inhaler) please complete the Medication Permission Form located on our website.

Note: Medication CANNOT be administered at camp without the submission of this form or an appropriate substitute. See website for details. <http://www.gscnc.org/camping/summerdayandevening/>

General Information – Please fill out all information

Family Physician: _____ Phone: _____

Health Insurance Company: _____ Policy #: _____

Insurance Company Address: _____ City: _____ State: _____ Zip: _____

**Please note that this form will not be returned after camp.*