



Girl Scout Council of the Nation's Capital
 4301 Connecticut Avenue, N.W.
 Washington, D.C. 20008
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 FAX (202)-274-2161
 EMAIL maketheconnection@gscnc.org

B261

MAKE THE CONNECTION REGISTRATION FORM

Complete this registration and email to maketheconnection@gscnc.org. All registrations should be received by Monday, October 5, 2009. All participants will be notified of status by October 9, 2009.

| | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----------------------------------|------------------------------|-----------------------------|--|
| Girl's Name First | | Last | | Phone | | Email Address | |
| Address | | City | | State | | ZIP | |
| Age | Date of Birth | Grade Fall 2009 | Troop Number | Participate Last year? | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Juliette | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Mother/Guardian's Name | | Phone: Day | Phone: Evening | Phone: Cell | | | |
| Father/Guardian's Name | | Phone: Day | Phone: Evening | Phone: Cell | | | |
| My daughter is under the custodial care of: | | Emergency Contact Name | Phone | Relationship | | | |

HEALTH HISTORY (check all that apply) Hay Fever Insect Stings Asthma Ivy, Oak, etc.

Food (specify) Drugs (specify)

Operations or serious injuries (specify)

Chronic Problems or Recurring Illness Diabetes Heart Disease Convulsions Ear Infections Behavior Problems

Other (specify) Date of last Tetanus Shot

Special Needs Physical Emotional Learning ADD/ADHD Other (specify)

Special dietary needs or restrictions

Health Insurance Company Policy Number

Address Phone

Family Physician Phone

I understand that the program will be offered on the following dates. I understand that I will be sent an e-mail before each event and will need to confirm my registration for each individual event:

- Saturday, October 17, 1:00-4:00 PM Saturday, January 9, 1:00-4:00 PM Saturday, April 24, 9:00 AM-4:00 PM
- OR
- Sunday, October 18, 1:00-4:00 PM Sunday, January 10, 1:00-4:00 PM Celebrating Success, Sunday May 23
- I plan to take the bus to and from events. I understand that I will need to confirm my bus reservation for each individual event.

Parent/Guardian Permission Statements and Emergency Authorization

In the event that I cannot be reached during any of the four Make the Connection events, I hereby give permission to the medical personnel selected by the event director or her designee to order x-rays, routine tests and treatment for my child as determined by emergency personnel.

The council has permission to use any photographs in which my child appears to promote Girl Scouting. Yes No

The information above is correct so far as I know, and the person herein described has my permission, except as noted, to attend all four Make the Connection events and participate in all activities.

Parent/Guardian Signature

Date

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