



TEDDY BEAR TEA

Bring your favorite stuffed friend for a Teddy Bear Tea!

Participate in the following activities:

- Tea and Snack
- Singing Songs
- Arts and Crafts
- And much more!
- Playing Games

When:
Where:
Fee:

Financial assistance is available.



Send registration and payment
To _____
by _____

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 _____