

Please fill out
one form per girl

Girl Scout Council of the Nations Capital Make the Connection 2009/2010

"Bring a Friend" Registration form for non-Girl Scouts

Girl's Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Age: _____ Date of Birth: ____/____/____ Grade Fall 2009: _____

I am not a registered Girl Scout; I will come with _____ in troop _____.
Friend's Name Troop Number (if known)

I am interested and available for the following program dates. (Select all that apply).

- Saturday October 17, 1:00 – 4:00 Saturday Jan. 9, 1:00-4:00 Saturday April 24, 9:00 – 4:00
OR
 Sunday October 18, 1:00- 4:00 Sunday Jan. 10, 1:00-4:00 Sunday May 23rd, Time TBD

Mother/Guardian's name: _____ Phone day: _____ evening: _____

Father/Guardian's name: _____ Phone day: _____ evening: _____

My daughter is under the custodial care of: (check one)

- Both parents Mother only Father Only Other: _____

Emergency contact name: _____ Relationship: _____ Phone: _____

HEALTH HISTORY: (check all that apply)

- Hay Fever Insect Stings Asthma Ivy, Oak, etc. Drugs (specify) _____
 Food (specify): _____ Date of last Tetanus Shot _____
 Operations or serious injuries: _____ Dates _____

Chronic Problems or Recurring Illness:

- Diabetes Heart Disease Convulsions Ear Infections Behavior Problems Other _____

Special Needs: Physical Emotional Learning ADD/ADHD Other _____

Special dietary needs or restrictions: _____

Medical Care

Health Insurance Company: _____ Policy number: _____

Insurance Company Address: _____ Phone: _____

Family Physician: _____ Phone: _____

PARENT/GUARDIAN PERMISSION STATEMENTS

I understand that my daughter must pay the \$12 annual Girl Scout membership dues. By paying this fee she is covered by Girl Scout activity insurance while participating in this and other approved Girl Scout events and she is entitled to apply for participation in other age-appropriate programs as advertised on the GSCNC website (www.gscnc.org). Payment of this fee and participation in this event does not guarantee her placement in a Girl Scout troop nor does it obligate her to participate in other Girl Scout activities, although she will be given the opportunity to do so if space is available in a local troop.

The registrant has my/our permission to join Girl Scouts. I/we understand that when participating in Girl Scout activities she may be photographed for print, video, or electronic imaging. I/we understand that the images may be used in promotional materials, news releases and other published formats for wither the local Girl Scout council or Girl Scouts of the USA. I/we acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA.

EMERGENCY AUTHORIZATION:

In the event that I cannot be reached, 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 medical personnel.

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

SIGNATURE _____ DATE _____

Please specify parent or guardian

Please return form and \$12 to: GSCNC Program Dept, 4301 Connecticut Avenue, NW, Washington, DC 20008