

2017 GSLPG Summer Camp Girl Registration Form

Camper's Name _____ Grade Fall of 2017 _____

Birth date _____ Age _____ Troop# _____ Service Unit# _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ E-mail _____

Phone (home) _____ (work) _____ (cell) _____

Emergency Contact _____ Relationship _____

Phone (home) _____ (work) _____ (cell) _____

Program Level (circle one)

Camper: Daisy Brownie Junior Cadette Senior Ambassador **Aide:** Cadette Senior Ambassador

T-shirt size: (circle one) Youth: S M L Adult: S M L XL 2XL 3XL

Name and Date of Camp: _____

Bus Stop (if applicable): _____

IMPORTANT: Health information and parent/guardian's signature are required to attend camp

My child, _____, has permission to participate in camp-sponsored activities and to join the Girl Scouts of the USA, if not already a registered member. I agree to cooperate with the policies and regulations of Girl Scouts of Louisiana – Pines to the Gulf. I consent to the use of photographs, video, and audio of my daughter for advertising, promotion, and publicity purposes by Girl Scouts of the USA or its licensee or members of the organization. I also release GSLPG Camp Directors, volunteers, and property owners (where applicable) from all liabilities in case of accident or illness.

HEALTH INFORMATION PRIVACY STATEMENT

All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical information will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with staff/volunteers in order to provide adequate participant safety and health care. I have read the above procedure for handling my child's health information and I consent to treatment, referral, billing, or insurance purposes. I will be financially responsible for all expenses associated with providing medical care for my child not covered by Girl Scout insurance.

The following over the counter medications may be given to my child by the camp health care supervisor if deemed necessary. _____ Tylenol _____ Advil/Ibuprofen _____ Benadryl/Antihistamine _____ Tums/Antacid _____ Robitussin/Expectorant

To ensure that your child has a positive camp experience, please list any health conditions requiring special restrictions or consideration while at camp.

Date of last health exam _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Medical Insurance _____ Policy # _____ Phone _____

Who is authorized to pick this child up from camp?

____ Mother ___ Father ___ Other _____

Parent or Guardian Signature

Date

Fee Summary

Camp Fee (includes T-shirt & patch)\$ _____

Not a registered Girl Scout, add \$15.....\$ _____

Extra Shirt: Camper___ Aide___ Adult___ Size _____\$ _____

Late Fee if applicable _____ Bus fee if applicable _____\$ _____

Care Package _____ Basic (\$15) _____ Plus (\$25) _____ Premium (\$35).....\$ _____

Donation to help a girl go to camp.....\$ _____

Subtotal.....\$ _____

Amount paid in Cookie Dough # _____\$ _____

Amount of financial assistance applied for.....\$ _____

(At least ½ must be paid in cookie dough or cash) **Total Enclosed**.....\$ _____