

## 2017 Summer Camp Tagalongs Registration Form

Child's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**T-shirt size:** (Optional) Youth: S M L

**Name and Date of Camp:** (choose one)

Camp Bon Temps June 12-16; \$20 per week (Only available for full week volunteers)

Camp Bon Temps June 26-30; \$5 per day

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

My child, \_\_\_\_\_, has permission to participate in camp-sponsored activities. 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 child 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 \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Camp fee (see camp information for amount).....\$ \_\_\_\_\_

Shirt (Optional) .....\$ \_\_\_\_\_

Bus Fee (Optional – see camp information for who offers buses).....\$ \_\_\_\_\_

**Total Enclosed.....\$ \_\_\_\_\_**