

## 2019 Summer Camp Girl Registration Form

Camper's Name \_\_\_\_\_ Grade Fall of 2019 \_\_\_\_\_

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):** \_\_\_\_\_

**Media Release: I give GSLPG Permission to use pictures or videos of my daughter for marketing purposes while attending camp. YES or NO (circle one)**

**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 \$25.....	\$ _____
Extra Shirt: Camper ___ Aide ___ Adult ___ Size _____ .....	\$ _____
Late Fee if applicable _____ Bus fee if applicable _____ .....	\$ _____
Care Package _____ Basic (\$20) _____ 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) <b>Total Enclosed.....</b>	\$ _____