

SUMMER CAMP REGISTRATION

Type or print clearly using black or blue ink. Send the completed registration form to the camp registrar listed in the camp registration instructions. Be sure to also complete the health history form on the back.

Camper's name:		Camper's preferred name:	
Mailing address:			
City:		State:	Zip:
Home phone number: - -		Email address:	
Age:	Date of birth:	Current Grade (as of January 2010):	
Did you attend camp last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a current Girl Scout member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Troop/group number:		OR Individual member number:	
Parent/guardian name:		Day phone number: - -	
If there is someone who is not allowed to pick up your daughter from camp, please list the name(s) here:			

My daughter has my permission to attend the camp listed below and to participate in all phases of camp activity, including trips away from the camp. I am willing to have my daughter be registered as a Girl Scout member if she is not already one. I agree to comply with all camp procedures and requirements. I agree that pictures, videotapes, and audiotapes of my daughter created at camp may be used to promote the Girl Scout program. My daughter may receive emergency medical care if necessary.

Parent/guardian signature: _____ Date: _____

Name of camp you wish to attend:
Dates of camp you wish to attend:

CAMP FEES – Check the boxes for all that apply and fill in dollar amounts.

<input type="checkbox"/> Camp fee	\$	
<input type="checkbox"/> Overnight fee	\$	
<input type="checkbox"/> Bus fee	\$	
<input type="checkbox"/> T-shirt fee	\$	Check size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
<input type="checkbox"/> Girl Scout registration fee	\$ 12.00	(for girls not currently registered as Girl Scouts)
<input type="checkbox"/> Other fee	\$	
Total fee enclosed	\$	Please verify the total amount due to ensure accuracy of your fees!
<input type="checkbox"/> For Camp Program Assistant (CPA) <input type="checkbox"/> For Counselor Apprentice (CA)		
Fee paid by: <input type="checkbox"/> Check (made payable to name of camp) <input type="checkbox"/> Money order <input type="checkbox"/> Credit card		
Credit card information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Account number:		Expiration date:
Three-digit security code (from back of card):		
Charge amount: \$		
Cardholder's name:		Cardholder's signature:
Cardholder's billing address:		
City:	State:	Zip:

Will you attend an optional overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Need bus transportation (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No	From which bus stop?
<input type="checkbox"/> Check here if parent/guardian is interested in volunteering.	

FOR CAMP REGISTRAR'S USE ONLY		
Date processed:	Date deposited:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge
Total camp fees: \$	Deposit paid: \$	Balance due: \$
<input type="checkbox"/> Scholarship: Amount granted: \$	Balance due: \$	Amount paid: \$ Date balance paid:
<input type="checkbox"/> Staff child: <input type="checkbox"/> Girl Scout female <input type="checkbox"/> Non-Girl Scout female <input type="checkbox"/> Non-Girl Scout male		
<input type="checkbox"/> Camper did not attend		Refund? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date refund issued:	Check number:	Amount: \$

GIRL/ADULT HEALTH HISTORY

For (girl/adult name):		Date of birth:		Present age:	
Address:		City:		State: Zip:	
Mother's/guardian's name:					
Day phone number: - -		Evening phone number: - -			
Father's/guardian's name:					
Day phone number: - -		Evening phone number: - -			
If parent/guardian cannot be reached in case of an emergency, please call (name):					
Day phone number: - -		Evening phone number: - -			
Relationship to participant:					
Name of physician:				Phone number: - -	
Name of dentist/orthodontist:				Phone number: - -	
Date of last health exam:		Were any complicating medical problems noted in exam? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:					
Is the participant currently under the care of a physician or psychologist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, for what?					
Is the participant currently taking medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what and for what?					

Anyone who has a known complicating medical problem or who has had a serious illness or injury or an operation since the last health examination must submit a written statement from a physician giving permission to participate in any activity that normally requires an annual health history or health exam.

HEALTH HISTORY AND INOCULATION RECORD (Please check and include dates where appropriate.)

This information is mandatory for children and adults.

Chronic or Recurring Illnesses (check those that apply):		Other Health Conditions (check those that apply):	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Musculoskeletal disorders	<input type="checkbox"/> ADHD	<input type="checkbox"/> Motion sickness
<input type="checkbox"/> Bleeding/clotting disorders	<input type="checkbox"/> Seizures	<input type="checkbox"/> Bedwetting/Sleep disturbances	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Constipation	<input type="checkbox"/> Sickle cell trait or disease
<input type="checkbox"/> Ear infection		<input type="checkbox"/> Emotional disturbances	<input type="checkbox"/> Special dietary regimen
<input type="checkbox"/> Heart defect/disease		<input type="checkbox"/> Fainting	<input type="checkbox"/> Wears glasses/contact lenses
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Kidney disease		<input type="checkbox"/> Menstrual cramps	
Allergies (check those that apply and specify nature of allergic reaction):			
<input type="checkbox"/> Animals:		<input type="checkbox"/> Medicines/drugs:	
<input type="checkbox"/> Food:		<input type="checkbox"/> Plants:	
<input type="checkbox"/> Hay fever:		<input type="checkbox"/> Pollen:	
<input type="checkbox"/> Insect stings:		<input type="checkbox"/> Other (specify):	

This information is mandatory for children only.

Please complete the table below with dates or attach a Physician Record, unless a claim of exemption is being filed.

Immunization History	Years Primary Series Complete	Year of Last Booster
D.T.P./DTaP		
Td		
MMR (measles/mumps/rubella)		
Chicken pox vaccine (varicella)		
Polio vaccine		
Hib		
Hepatitis B		
Tuberculin test (most recent)		

My child is exempt. I have completed the Girl Scout Medical Exemption Application on the reverse side of this form.

Are there any physical conditions for which special arrangements need to be made? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what?
Additional information needed by adult leader about this participant:

_____ is physically fit and able to participate in the Girl Scout programs, including summer camp and trips of not more than two nights. I give permission to the physician to order x-rays, routine tests, and treatment for the health of my child in the event that I cannot be reached in an emergency. To the best of my knowledge, the above information is complete and accurate. I agree that videotapes, photographs, and motion picture film in which I/she appear, and/or audio recordings made of my/her voice may be used by Girl Scouts of Virginia Skyline Council and Girl Girl Scouts of the USA, their assigns or successors, in whatever way they desire. Furthermore, I hereby consent that such photographs, films, recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatever on my part.

My daughter, _____, may be given acetaminophen (such as Tylenol). Yes No

Signature of parent/guardian or adult participant: _____ Date: _____

IMPORTANT: PLEASE SIGN THIS FORM!

GIRL SCOUT MEDICAL EXEMPTION APPLICATION

(Name of Girl Scout)

I do hereby certify that I am the parent/legal guardian of the Girl Scout named above (the "Girl Scout"). The Girl Scout is presently a minor. I hereby certify and acknowledge that said minor is presently under my care, custody, and control.

It is respectfully requested that the Girl Scout be exempted from all pre-activity physical examination, vaccination and/or immunization requirements in connection with Girl Scout activities. To the best of my knowledge and belief, she is and has been in normal good health and is free from all communicable diseases.

In consideration of these exemptions, it is understood that I accept complete responsibility for the health of this minor. I understand the risks associated with failing to receive such physical examinations, immunizations and/or vaccinations, but nevertheless request that the Girl Scout be exempted from these requirements.

It is further understood that should an emergency arise, I will be notified immediately. If I cannot be reached, I direct that the alternate emergency contact be notified.

Notwithstanding anything to the contrary herein, in the event of an emergency, the Girl Scouts of Virginia Skyline Council, Inc., its employees, agents and representatives and any third parties providing emergency medical services (including, but not limited to, emergency medical response personnel, doctors and hospitals, as applicable), are hereby authorized and directed to take such temporary measures as they deem to be reasonably necessary and appropriate to provide appropriate medical care and treatment to the Girl Scout.

Signature of Parent or Guardian

Street:

City:

State:

Zip:

Day Phone: () -

Evening Phone: () -

Email:
