

Please print in blue/black ink. Bring entire form to registration or mail as indicated in schedule. Do not fax; must have an original signature.

Form fields for personal information: Girl's name, Name for nametag, Age, Current grade, Birthdate, Street address, City, State, ZIP, County, Phone number, E-mail address, Name of school attending.

AGE LEVEL IN SPRING 2010 (CHECK BOX)

- Age level options: Daisy, Brownie, Junior, Cadette, Senior, Ambassador, Non-Girl Scout.

Troop # _____ Service unit _____

Troop leader's name _____

Troop leader's phone () _____

Name of day camp _____

Session dates _____ Camp ID# _____

Day camp PIT Yes No

Day camp Level 1 PAL Yes No

Day camp Level 2 PAL Yes No

Dat camp Level 3 APL Yes No

Bus transportation (if available) Yes No

MAKE CHECKS PAYABLE TO: Girl Scouts of Ohio's Heartland Council OR please fill in below if you wish to charge to Visa, MasterCard, Discover or American Express:

- Payment options: VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS.

Form fields for payment: Amount, Account number (typically 16 digits).

Form fields for payment: Expiration date, Signature for charge authorization, Date.

Billing address _____

CUSTODIAL PARENT CONSENT STATEMENT:

I give my camper (write in girl's name) _____ permission to attend day camp and participate in all phases of the day camp program. I have read the camp information, understand the arrangements as stated and agree to cooperate with all regulations. I will not allow my camper to attend day camp if she has any contagious health conditions or head lice. I understand the cancellation and refund policy as stated in this 2010 Day Camp Guide and agree to abide by this procedure.

I give my permission to allow the council to use any pictures taken of my daughter/ward. Attached with this registration is the full day camp fee. I understand the capacity of the day camp is determined by the number of adult volunteers available. A full refund will be made if my camper cannot be placed.

ALL girls attending camp must be registered Girl Scouts. For Non-Girl Scouts: To register as a Girl Scout, please sign the following statement: "We are willing to have our daughter become a member of the Girl Scouts of the USA for the 2009-10 membership year." Membership will expire Sept. 30, 2010. This membership fee is not refundable.

She has been a Girl Scout in the past: Yes No

Parent/guardian signature _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Date _____

Please print name of custodial parent or guardian _____

GIRL SCOUT MEMBERS ONLY: PLEASE CHECK THE CATEGORY THAT BEST DESCRIBES YOU:

- Categories: Alaskan Native or American Indian, White, Black or African American.

- Categories: Asian, Hawaiian or Pacific Islander, Other, Also: Hispanic, Latina.

OFFICE USE ONLY

Amount Paid _____ Financial Assistance _____

Received by _____ Date _____

(Do not cut)

OFFICE USE ONLY: Camp Unit _____

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Troop leader's name _____

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Name of day camp _____

Session dates _____ Camp ID# _____

Day camp PIT Yes No

Day camp Level 1 PAL Yes No

Day camp Level 2 PAL Yes No

Day camp Level 3 APL Yes No

Bus transportation (if available) Yes No

Bus stop _____

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HEALTH HISTORY — doctor's statement not required.

- IMMUNIZATIONS: (Check) Polio: DTP (Diphtheria, Pertussis, Tetanus) MMR (Measles, Mumps, Rubella) Tetanus Booster (last year given-required) _____

Current health status. Describe any current physical, mental or psychological conditions requiring medication, treatment, special restrictions or considerations while at camp. Include inhalers, Epi-pens, allergies and dietary restrictions. Use space on back.

PERMISSION TO TREAT WITH FIRST AID: (check one and initial) Yes No

FAMILY MEDICAL/HOSPITAL INSURANCE INFO:

Coverage? Yes No Insurance company _____

Name of custodial parent or guardian (Print) _____

Name of physician _____

Physician's phone () _____

Parent/Guardian Contact Information before camp begins and during camp for emergencies.

Please include area codes and PRINT:

Mother's name _____ Cell () _____

Phone () _____ E-mail _____

Father's name _____ Cell () _____

Phone () _____ E-mail _____

Other name _____ Cell () _____

Phone () _____ E-mail _____

Relationship to camper _____





Health information from parent/guardian. "Other" past illnesses: _____

Special needs or limitations: _____

Medication to be taken at camp (including inhalers and EpiPens): _____

My camper must carry an Epi-pen and will need help administering it. Please send me the "Epi-pen Permission Packet." _____

Notes by camp first-aider at check-in: _____
