

MOUNTAIN TOP DAY CAMP - 2017 Camper Registration Form

Camper Information

Girl Name:			Phone:		
Address:			City:	Zip:	
Date of Birth:	Age:	Grade in Fall:	School:		
Circle one for Campers shirt size: Child sizes: S M L XL Adult sizes: S M L XL XXL			My daughter will be arriving to camp via: <input type="checkbox"/> Camp Bus <input type="checkbox"/> Personal vehicle/carpool		
Troop #:		Troop Leader:	My daughter can be photographed while at Day Camp: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:					
List your daughters food allergies and restrictions:					
List any health conditions or limitations that may limit your daughters activities including learning disabilities or special needs:					
List any medications she will need to take while at Day Camp: (medication will need to be provided in original bottle)					

Additional Information

Parent/Guardian 1:		Relation to Camper:	Camp 5 day Volunteer: <input type="checkbox"/> Yes (*adult registration form)
Phone:		Email: (all communications will be sent to this email address)	
Parent/Guardian 2:		Relation to Camper:	Camp 5 day Volunteer: <input type="checkbox"/> Yes (*adult registration form)
Phone:		Email: (communication sent only if volunteering)	
Local Emergency Contact:		Relation to Camper:	Phone during camp hours:

As legal parent/guardian of the camper, I give my permission for her to attend Mountain Top Day Camp 2017. I give my consent in case of illness, injury, or emergency to the Day Camp staff to transport her from the event site to a location to receive treatment. **I will not send my daughter to camp if she is ill.**

Parent/Guardian Signature: _____ Date: _____

Camp Fee (\$10 off if paid by 3/20)	\$
Late Registration Fee (after 4/22) (\$20)	\$
Make checks payable to "Girl Scouts" Total	\$
Event Credit (cookie sales, etc.) (if you are using Girl Scout Event Credit please provide certificate/card number and copy of certificate/card)	- \$

Are you interested in being a volunteer but cannot help 5 days?

*Volunteers will be contacted as needed. Please fill out the following registration form for our files.

- Home jobs to support **prior** to camp
 Home jobs to support **during** camp week

Demographic Information: (Optional)

I decline to state _____

Race/Ethnicity:

White ___ Other _____ Black or African American _____

American Indian or Alaskan Native _____ Asian _____

Hawaiian or Pacific Islander _____ Hispanic/Latina _____

Custodial Care: Both Parents _____ Mother _____ Father _____ Other _____

Household income:

\$0- \$14,999 _____ \$15,000 – \$34,999 _____

\$35,000- \$49,999 _____ \$50,000-\$74,999 _____

\$75,000- \$99,999 _____ \$100,000 or more _____