



Girl Scouts of Western Washington Volunteer-Led Day Camp Registration

CAMPER'S NAME _____

Please indicate type of camper: Girl Scout K-12 Program Aide Adult Volunteer Boy (volunteer's son) Volunteer's preschooler

Name of Day/Twilight Camp _____
send registration form and payment to local camp registrar – address is with camp description on flyer or website

Parent/Guardian _____ Address _____

City _____ State _____ County _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Mobile Phone (____) _____

Email _____ This is her first year at this camp: yes no

Date of Birth _____ Age _____ School Grade (entering in Fall) _____

Buddy (optional – both girls must request each other) _____

T-shirt Size: My camper wears size: (select one) **Youth:** S - L _____ **Adult:** S - XXXL _____

Name of Person(s) other than Parent/Guardian to notify in case of emergency should we be unable to reach you:

Name _____ Phone _____ Relationship _____

Are there any special needs we should consider when placing your child in a camp unit? (e.g. severe allergies or other health or behavioral related concerns) _____

Please contact me about volunteering at camp!

GIRL SCOUT MEMBERSHIP:

Girl Scouts of Western Washington requires that all our campers are currently registered members of Girl Scouts. If your camper is not currently a member of Girl Scouts, a \$25 membership fee is required with registration.

Camper is currently a registered Girl Scout - Troop Number _____ Service Unit Number _____

Camper is not currently a registered Girl Scout – please proceed to <https://girlscouts.secure.force.com/girl> to complete membership

PAYMENT INFORMATION

Check or money order enclosed: Amount \$ _____

Cookie Rewards: Amount \$ _____ Cookie Rewards Card # _____

Cookie Dough Exp Date: _____ CCV # _____

Financial Assistance – complete on-line application at www.girlscoutsww.org/en/about-girl-scouts/join/financial-assistance.html

FINANCIAL ASSISTANCE

Establish your camper's FA eligibility by submitting the FA Application online at www.GirlScoutsWW.org/FinancialAssistance if you have not already done so since October 1, 2018. There is no need to submit a separate Camp Grant request. Once your camper has qualified for FA and is registered for camp, a Camp Grant will be automatically applied to your camper's outstanding balance. Questions: visit our website or contact Customer Care at (800) 541-9852 or CustomerCare@GirlScoutsWW.org

CONSENT OF PARENT/GUARDIAN

As parent/guardian having legal custody of the camper named above, who is voluntarily enrolled as a participant in the Girl Scouts of Western Washington Community Day/Twilight Camp program, I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for her to attend camp and participate in all phases of the program including off-site activities and related transportation.

I understand that her good health is required before she can attend camp. As the parent/guardian of the above child, I give permission for the above child to be photographed and/or audio/video taped during this event and for the images/recordings to be published, reproduced or distributed by Girl Scouts and its affiliates in all outlets, including but not limited to television, newspapers, internet, council publications, recruitment materials and ads without liability or limitation or claims on my or my minor's part. I have read the statements above. I understand the information and agree to allow my daughter/ward to participate in camp.

X _____ Date _____

Parent/Guardian

Remember to complete and sign both sides of this form!

**Girl Scouts of Western Washington
Girl or Adult Health History Record**

This health history is to be completed & signed by parent/ guardian of girls or by adult members for themselves.

Name (girl adult): _____ Date of Birth: _____ Age: _____

Address: _____ Troop No. _____

Parent/Guardian: _____ Day phone () _____

Address: _____ Eve Phone () _____

Doctor's name: _____ Dr. Phone () _____

Emergency Contact: _____ Phone () _____

Part 1: Illnesses & injuries (check those that apply & give approximate dates)
 Chronic or Recurring Illness:
 Ear infection Bleeding/clotting disorders Hypertension Asthma Heart defect/disease
 Musculoskeletal disorders Seizures Diabetes Other _____

Date of last health examination: _____ Is participant under a doctor/psychologist's care now? Yes No

Were any complicating medical problems noted in the last health exam? Yes No

Since last health exam, has participant had:

A serious injury requiring medical attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	An illness lasting more than five days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any prescribed or over the counter medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A surgical procedure or fracture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment in a hospital or emergency room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any exposure to a contagious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any restrictions concerning physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/>

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN, INCLUDING DATES:

Part 2: Allergies (Check those that apply & specify nature of allergic reaction)

<input type="checkbox"/> Animals _____	<input type="checkbox"/> Hay fever _____
<input type="checkbox"/> Pollen _____	<input type="checkbox"/> Food _____
<input type="checkbox"/> Meds/drugs _____	<input type="checkbox"/> Insect stings _____
<input type="checkbox"/> Plants _____	<input type="checkbox"/> Other(specify) _____

Part 3: Other health conditions (Check those that apply)

<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Emotional disturbances
<input type="checkbox"/> Constipation	<input type="checkbox"/> Fainting
<input type="checkbox"/> Menstrual cramps	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Motion sickness	<input type="checkbox"/> Sickle cell trait or disease
<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Special diet regime
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Wear glasses or contact lens
<input type="checkbox"/> Other (Please specify) _____	

Part 4: Immunization history:

Immunization	Year primary series completed	Year of the last booster
D.P.T.	_____	_____
Diphtheria	_____	_____
Pertussis (whooping cough)	_____	_____
Tetanus	_____	_____
Tetanus/Dip booster	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
(German Measles)	_____	_____
Oral Polio	_____	_____
Tuberculin test (most recent)	_____	_____
Other: _____		

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to ANY of these health conditions. Indicate any activities to be encouraged or restricted and include any dietary restrictions.

For Parents: I know of no reason (s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted.

Signature of parent/guardian: _____ **Date:** _____

For adults: This health history is correct, and I am able to participate in all prescribed activities except as noted.

Signature of adult: _____ **Date:** _____

CAMPER RELEASE FOR CHECK-OUT

In Girl Scouting, the health and safety of your camper is our most important concern. For this reason, we ask that you complete the form below and read the information that follows very carefully. This procedure was implemented to ensure the safety of all campers at day camp.

Please provide us with the following information about who will be picking up your camper from day camp. Campers will only be released to adults listed on this *Camper Release for Check-out form*. The adult listed on this form must show PHOTO IDENTIFICATION and will be required to sign for the camper they are picking up. For your camper's safety, there will be no exceptions. **All changes must be made in writing to the Camp Director with the parent/guardian's signature.**

Check all that apply:

I will pick up my camper from camp.

Please print your name: _____

My camper can be released to:

Please print name(s): _____

Is there anyone who is not permitted to pick up your camper?

Please print name(s): _____

Please inform the people listed above that they will be required to show photo identification at pick up location, and sign for your camper before she will be released.

Camper's will not be released to anyone who:

1. Is not listed on this form.
2. Does not have photo identification.

Daily Parent Release Signature (for use during camp.)

Parent/Guardian Name (please print): _____

Parents/Guardian's signature: _____

Day Phone: (_____) _____ cell phone (_____) _____

CAMPER'S NAME (please print). _____

Camper _____ Unit _____	
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Day 1 _____	Day 4 _____
Day 2 _____	Day 5 _____
Day 3 _____	