

# Valley Adventures Day Camp 2018

## *Caddie Registration Form*

Caddie Information				
First Name:		Last Name:		Camp Name:
Street Address:		City:		Zip Code:
Grade ( <b>Fall 2018</b> ):	School:	Troop:		Service Unit:
Are you a Registered Girl Scout?  Yes      No		How many years have you been a camper or caddie:		Shirt Size: (Circle one)  Adult:   S      M      L      XL
Family Contact Information				
Custodial Parent/Guardian #1 Name:		Day Phone:	Evening Phone:	Cell Phone:
Email Address:		Phone number to use in case of emergency at camp:		
Custodial Parent/Guardian #2 Name:		Day Phone:	Evening Phone:	Cell Phone:
Email Address:		Phone number to use in case of emergency at camp:		
Permission				
<p>I give permission for my Caddie to attend camp and participate in all activities, including overnights which are part of the program, unless otherwise indicated.</p> <p>➤ I give permission for my caddie to be photographed or recorded and for the council to use this material for publicity purposes.   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>➤ I give permission for the adult in charge to obtain medical treatment for my camper at area hospitals/medical centers.                      <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>Parent/Guardian Signature: _____ Date: _____</p>				

Please explain why you want to be a Caddie and what experience you have that you think is relevant to the position: