girl scouts of oregon & sw washington

Day Camp Registration

A fully completed, signed registration packet must be accompanied by these three things: 1) Completed "Day Camp Health History & Medication Permission ", 2) camp payment, and 3) PA Application (If applicable). Send all to the address listed on your day camp information page. A completed registation packet does not guarantee camper placement. Contact the day camp registrar with questions. ***DO NOT mail registrations to the Girl Scout service centers.***

Day Camp _____ Camper Name _____

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone (_____) _____ Buddy Name (if applicable) _____

Email _____ Troop # _____

Age _____ DOB _____ Grade Next Fall _____ School Next Fall _____

CHECK ALL THAT APPLY TO CHILD:

❑ Daisy (K-1) ❑ Brownie (2-3) ❑ Junior (4-5) ❑ Cad (6)
❑ Child of Camp Staff ❑ Program Aide-In-Training ❑ Program Aide

PARENT/GUARDIAN #1 (that lives with camper/same address)

Name _____ Cell # (____) _____

Home # (_____) _____ Work # (_____) _____

Email _____

PARENT/GUARDIAN #2

Name _____ Cell # (____) _____

Home # (_____) _____ Work # (_____) _____

Email _____

EMERGENCY CONTACT (other than Parent/Guardian #1 or #2)

Name _____ Relation _____

Home # (_____) _____ Work # (_____) _____

OPTIONAL ITEMS (Your day camp may offer some or all of the following options. Please refer to their flyer for more information.)

TRY-IT/BADGE CHOICE (If applicable, see specific day camp description. List in order of preference.)

1st choice _____

2nd choice _____

3rd choice _____

RAINBOW PROGRAM (last level completed, see specific day camp description for guidelines and availability of this option):

_____

OVERNIGHT: ❑ Yes ❑ No

BUS STOP (if applicable, see day camp description):

_____

T-SHIRT SIZE Youth: ❑ Sm ❑ Med ❑ Lrg
Adult: ❑ Sm ❑ Med ❑ Lrg ❑ XL ❑ XXL

MEMBERSHIP

❑ My camper is a registered Girl Scout. **I will pay the camp fee only.**

❑ Please register my camper as a Girl Scout. **I will pay Girl Scout day camp fee + $12.00 membership dues.** This will register her as a Girl Scout through September 30 of this year.

Acceptance and participation in summer programs is the same for everyone without regard to race, color or national origin. As an equal opportunity organization, Girl Scouts is dedicated to diversity and fully supports the right of equal access for girl and adult members with disabilities. Girl Scouts of Oregon and Southwest Washington makes every reasonable effort to ensure this access.

We encourage you to voluntarily provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA for statistical purposes only and to help improve outreach efforts and advance the Girl Scout Movement.

The registrant's racial background is (please check as many as apply)

❑ American Indian or Alaskan Native ❑ Asian
❑ Black or African American ❑ White
❑ Hawaiian or Pacific Islander
❑ Other. Please specify _____

The registrant's ethnic background is (please check one)

❑ Hispanic or Latina ❑ Not Hispanic or Latina

PARENT/GUARDIAN PERMISSION

As a legal guardian I give permission for the registrant to participate in all phases of camp activities and off-site trips. I understand and agree to cooperate with all regulations. I will not allow registrant to attend if not in good physical condition. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measure deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian.

I understand that when participating in Girl Scout activities the registrant may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional and fund raising materials, news releases and other published formats, and will be the sole property of Girl Scouts of Oregon and Southwest Washington, its assigns or successors, or Girl Scouts of the USA.

❑ May **NOT** be photographed for Girl Scout publicity purposes

❑ May **NOT** participate in _____ (e.g., active sports, swimming)

X _____
Signature of Parent or Guardian **Date**

THIS FORM CANNOT BE PROCESSED WITHOUT THE SIGNATURE OF A PARENT OR GUARDIAN.

❑ I may be interested in helping at camp. Please contact me with information on volunteer opportunities.

If using **COOKIE/NUT CREDITS** as payment, use this section. Cookie/Nut Card Number (below):

$ _____
Amount to be Used