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: (circle one) **Youth:** S M L **Adult:** S M L XL XXL 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 of our campers are currently registered members of Girl Scouts. If your camper is not currently a member of Girl Scouts, a $15 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 – include an additional $15.00 to cover membership through September 30, 2016

PAYMENT INFORMATION

☐ Check or money order enclosed: Amount $ ______________

☐ Cookie Rewards: Amount $ ______________Cookie Rewards Card # _________________

☐ Financial Assistance – contact FinancialAssistance@girlscoutsww.org

FINANCIAL ASSISTANCE

Girl Scouts of Western Washington provides financial assistance as needed to support members to attend programs. All financial assistance applications must be received in our DuPont office **no later than 30 days before the first day of camp**. Questions about financial assistance should be directed to FinancialAssistance@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.

I give permission for my daughter/ward to join Girl Scouts, if she is not currently registered. I have included my $15 membership fee with this registration and understand that membership fees are sent to GSUSA and cannot be refunded or transferred.

X ______________________________ Date ________________________________

Parent/Guardian Signature

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 ( ) _______

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? □ Yes □ No

Any prescribed or over the counter medications? □ Yes □ No

Treatment in a hospital or emergency room? □ Yes □ No

Any restrictions concerning physical activity? □ Yes □ No

An illness lasting more than five days? □ Yes □ No

A surgical procedure or fracture? □ Yes □ No

Any exposure to a contagious disease? □ Yes □ No

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

□ Animals ____________________ □ Hay fever ________________

□ Pollen _____________________ □ Food ________________

□ Meds/drugs ____________________ □ Insect stings________________

□ Plants ________________________ □ Other(specify) ______________

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

□ Bedwetting □ Emotional disturbances

□ Constipation □ Fainting

□ Menstrual cramps □ Hearing impairment

□ Motion sickness □ Sickle cell trait or disease

□ Nosebleeds □ Special diet regime

□ Sleep disturbances □ Wear glasses or contact lens

□ Other (Please specify) ____

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Part 4: Immunization history:

Immunization	Year primary series completed	Year of the last booster
D.P.T.	__________	__________
Diptheria		__________
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.

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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:** __________