



Girl Scouts of Minnesota and Wisconsin River Valleys

# Adult Registration Form

Day camp name: Buffalo/Maple Lake/Montrose Day Camp – Camp Scene Investigation  
Area served: Buffalo/Maple Lake/Montrose  
Dates: July 29, 30 and 31  
Cost: Free

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) Camp Nick Name: \_\_\_\_\_  
(Ex. My name is Jenny, Camp Nickname "Sunshine")

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

Who may we contact in case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

All adult volunteers will receive a day camp T-shirt. We are asking for an optional \$5 donation to help with the cost of T-shirts. Please indicate the size you will need:

Adult small (34 – 36) \_\_\_\_\_ Adult medium (36 – 38) \_\_\_\_\_ Adult large (38 – 40) \_\_\_\_\_ Adult X-large (42 – 44) \_\_\_\_\_  
Adult XX-large (44 – 46) \_\_\_\_\_

Would you like to camp overnight on Wednesday (Yes \_\_\_\_\_ No \_\_\_\_\_) and/or Thursday (Yes \_\_\_\_\_ No \_\_\_\_\_) night.  
If yes, can you bring a tent? Yes \_\_\_\_\_ No \_\_\_\_\_ The tent can sleep \_\_\_\_\_ people.

Would you like to be in the same unit as your daughter? Yes \_\_\_\_\_ No \_\_\_\_\_

Please complete the following:

I give full permission to attend day camp and to participate in the activities. I have read and understand the day camp information, and agree to cooperate with all regulations. I also give permission to be photographed for Girl Scout purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*MANDATORY Orientation Meeting: July 28, 2009**

**DO NOT MAIL YOUR REGISTRATION TO THE GIRL SCOUT COUNCIL.**

MAIL TO: Rachel Miller  
11179 Church St NE  
Hanover, MN 55341

## VOLUNTEER COUPON

In appreciation for volunteering your time at our camp this coupon entitles a girl of your choice, who attends camp, to receive a \$ 6.00 credit for each day that you help and an extra \$6.00 credit if you stay overnight 1 or more nights.  
(3 days = \$18.00 credit, 2 days = \$12.00 credit, 1 day = \$6.00 credit)  
Overnight = \$6.00 credit in addition to the credit for the number of days that you will be helping.

Girl's name: \_\_\_\_\_

Your signature: \_\_\_\_\_

# Girl/Adult Health History Form

 GIRL MEMBER    ADULT MEMBER

PLEASE PRINT CLEARLY IN INK.

<b>CONTACT INFORMATION</b>	Troop #: _____ or Individual <input type="checkbox"/>	Service Unit: _____		
	First Name: _____	Middle Name: _____	Last Name: _____	
	Mailing Address: _____		Apt. #: _____	PO Box: _____
	City: _____	State: _____	Zip: _____	Phone: (    ) _____
	Cell: (    ) _____	E-mail: _____		
	Parent/Guardian(s) Name: <i>(Complete for girl form only)</i>		Phone: (    ) _____	
	1. _____		Cell: (    ) _____	
Parent/Guardian(s) Name: <i>(Complete for girl form only)</i>		Phone: (    ) _____		
2. _____		Cell: (    ) _____		

<b>HEALTH INFORMATION</b>	Name of Family Physician: _____		Phone: (    ) _____
	Family Medical/Hospital Insurance Carrier: _____		Policy or Group No: _____
	Family Dental Insurance Carrier: _____		Policy or Group No: _____
	Health Information: Age: _____ <input type="checkbox"/> Immunizations are up to date.		
	Date of last Tetanus shot:    MM / DD / YY		
	Date of last health examination: _____		Were there any medical problems at the time? _____
	Has participant had any recent injuries or surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain and specify date: _____		
	Does participant take any prescribed medications on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please state medication and reason: _____		
	Is participant restricted or limited from participating in any physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain: _____		
	Participant has the following health conditions/allergies (food and medications): <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Headaches <input type="checkbox"/> Seizures <input type="checkbox"/> Other: _____ <input type="checkbox"/> Allergies (specify): _____		
Emergency Contact (non-parent):			
Relationship: _____	Phone: (    ) _____	Cell: (    ) _____	

<b>AUTHORIZATION</b>	<b>PARENT/GUARDIAN AUTHORIZATION</b> This health form is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter/girl should not participate in the prescribed activities except as noted. In the event that my child needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my child receives reasonable first aid and to transport my child to a health care facility for emergency services as needed.
	Signature of parent/guardian: _____ Date: _____
<b>AUTHORIZATION</b>	<b>ADULT MEMBER AUTHORIZATION</b> This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.
	Signature of adult member: _____ Date: _____

**Troop Leader - please retain for your records**