



Girl Scouts of Minnesota and Wisconsin River Valleys

Girl Registration Form

Day camp name: Buffalo/Maple Lake/Montrose Day Camp – Camp Scene Investigation

Area served: Buffalo/Maple Lake/Montrose

Dates: July 29, 30, 31

Cost: \$54.00 per person; overnight add \$6.00

Girl's Name: _____ Camp Nickname _____ Troop# _____
(Last) (First) (Ex. My name is Jenny, Camp Nickname "Sunshine")

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Birth date: _____ School grade in Fall 2009: _____

Parent/guardian name: _____ Home phone: _____ Work phone: _____

Parent/guardian name: _____ Home phone: _____ Work phone: _____

If a parent or guardian cannot be reached, who may we contact in case of an emergency?

Name: _____ Relationship to camper: _____ Daytime phone: _____

All day camp participants 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 your camper will need:

Child small (6 – 8) _____ Child medium (10 – 12) _____ Child large (12 – 14) _____ Adult small (34 – 36) _____ Adult medium (36 – 38) _____ Adult large (38 – 40) _____ Adult X-large (42 – 44) _____ Adult XX-large (44 – 46) _____

1st - 6th grades Is there a friend that you would like to be in the same unit with?

Please list her first and last name _____.

Note: Your friend must list you on her form also; otherwise, there is no guarantee that you will be in the same unit.

4th - 6th grades Would you like to camp overnight on Thursday night? Yes _____ No _____

If yes, can you bring a tent? Yes _____ No _____ The tent can sleep _____ people.

7th - 12th grades 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.

I would like to earn (choose 1): leadership pin (**Cadette** _____ **Senior** _____) **OR** community service bar (**Light Blue** _____ **Burgundy** _____ **Green** _____)

Payment (Do NOT send CASH):

___ Camp \$54.00	Amount \$ _____
___ Volunteer incentive (include coupon)	Amount \$ _____
___ Individual (not troop) cookie credits (include coupons)	Amount \$ _____
___ Campership (financial aid, include application)	Amount \$ _____
___ Postmarked by May 31st (Subtract \$6.00)	Amount \$ _____
___ Optional T-shirt donation (Add \$5.00)	Amount \$ _____
	TOTAL \$ _____

For a Campership form visit <http://www.girlscoutsbml.org> and click on Day Camp or call Peggy Hargreaves at 763-682-5772.

Parent or Guardian, please complete the following:

I give full permission for my camper 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 for my camper to be photographed for Girl Scout purposes.

Parent Signature _____ Date _____

DO NOT MAIL YOUR REGISTRATION TO THE GIRL SCOUT COUNCIL.

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

Girl/Adult Health History Form

 GIRL MEMBER ADULT MEMBER

PLEASE PRINT CLEARLY IN INK.

CONTACT INFORMATION	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: () _____	

HEALTH INFORMATION	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: () _____

AUTHORIZATION	PARENT/GUARDIAN AUTHORIZATION 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: _____
AUTHORIZATION	ADULT MEMBER AUTHORIZATION 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