

# Girl Scouts of Western Washington Camp Whatchamacallit Day Camp Registration Form

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, 2015

## PAYMENT INFORMATION

Check or money order enclosed: Amount \$ \_\_\_\_\_

Cookie Rewards: Amount \$ \_\_\_\_\_ Cookie Rewards Card # \_\_\_\_\_

Financial Assistance: Note - *separate Financial Assistance application required – see below*

If you must use a credit card for payment, check here. We will contact you to process the charge. Any processing fees will be added to your registration cost.

## 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**. Forms and instructions are available at <https://www.girlscoutsww.org/get-involved/Join/Pages/Financial-Assistance>. Questions about financial assistance should be directed to your regional GSWW office or the Financial Assistance Coordinator at 1-800-541-9852.

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

Any prescribed or over the counter medications?       Yes       No                      A surgical procedure or fracture?       Yes       No

Treatment in a hospital or emergency room?       Yes       No                      Any exposure to a contagious disease?       Yes       No

Any restrictions concerning physical activity?       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) \_\_\_\_\_

\_\_\_\_\_

**Part 4: Immunization history:**

Immunization	Year primary series completed	Year of the last booster
D.P.T.	_____	_____
Diphtheria	_____	_____
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.

\_\_\_\_\_

\_\_\_\_\_

**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:** \_\_\_\_\_