



**This form will not be returned.**

**The camp/program director has the right to refuse to admit anyone to the program who does not meet the acceptable health conditions, e.g. temperature, contagious disease.**

Camp Name:

Camp Dates:

Name	Grade in School
Date of Birth	Age
Name of Parent/Guardian	Phone Number
Parent e-mail address	T-Shirt Size (specify youth or adult)
Emergency Contact Name	Emergency Contact Phone Number
Secondary Emergency Contact Name	Secondary Emergency Contact Phone #

**I give permission to:**

- Attend the above Girl Scout Program
- Be treated by a health provider, first aider, and/or hospital in case of emergency.
- Have photographs and videos taken while participating in this program.
- Be taken to program by: Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Be taken home by: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian

Date

**Additional Information:**

**Allergies** (please circle)      Yes      No

If yes please list:

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Office Use Only

Program Fee:

Received By:

Date:

Name:

**CAMP REGISTRATION FORM**

2 of 2

**Any special medical information (include any medication we should be aware of)** Yes No  
If yes please list:

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**Limitations for activities** Yes No  
If yes please list:

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**Additional Remarks:**

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**Returning Camper?** Yes No

**How did you hear about our camp?**

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Received By:

Date: