



EVENT REGISTRATION FORM

Spangdahlem Community

This form will not be returned. The 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.

Event Name and date:

Name	Age
Date of Birth	Parent/Guardian e-mail address
Name of Parent/Guardian	Parent/Guardian phone Number
Emergency Contact Name	Emergency Contact Phone Number
Second Emergency Contact Name (only required for camp)	Second 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

Allergies (please circle) Yes No

If yes please list:

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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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Office Use Only

Payment:

Received by:

Date: