

Camp Discovery, June 26th-29th 2017

Day Camp Registration Form

CAMPER INFORMATION
PARENT/GUARDIAN
EMERGENCY CONTACT
DEMOGRAPHICS
HEALTH HISTORY
AUTHORIZATION

Name: First Name				Last		Date of Birth		Age	
Address						Apartment			
City			State		Zip		Cell Phone		
Name: Parent/Guardian 1				Email					
Parent/Guardian 1 Cell Phone			Work Phone			Home Phone			
Name: Parent/Guardian 2				Email					
Parent/Guardian 2 Cell Phone			Work Phone			Home Phone			
Custodial Care: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother/Guardian Only <input type="checkbox"/> Father/Guardian Only <input type="checkbox"/> Other (Specify)									
Emergency Contact Information other than those listed above. By including names and contact information below, I authorize the Camp Director to call these individuals in the event a parent/guardian cannot be reached. I also authorize my child to be released to these individuals.									
Emergency Contact #1			Relationship			Phone Number			
Emergency Contact #2			Relationship			Phone Number			
Please use the space below to list any additional people, beyond those already listed, who are authorized to pick up your daughter.									
<small>Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following information (as defined by the US census), you ensure support and funding for girls in your community. Hispanic/Latina is defined as an ethnicity by the US census, not a race, therefore is reported separately.</small>									
She is: (Check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (Please specify)				She is Hispanic or Latina: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to share at this time					
				Name of School					
				School Town			School State		
				Current Grade in School					
				Is an Epi-Pen Required? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Allergies (Please list all)									
Please specify any accommodations that are needed									
Health Concerns									
Please specify any accommodations that are needed									
Operations or Serious Injuries					Date(s)				
Disabilities: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Emotional <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Visual				<input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Behavioral <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other (please specify)			Please specify any accommodations that are needed:		
Medication Information: Will your daughter be bringing medication to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No (A MEDICATION FORM MUST ACCOMPANY)									
<input type="checkbox"/> Epi-pen <input type="checkbox"/> Insulin <input type="checkbox"/> Inhaler <input type="checkbox"/> Over the Counter <input type="checkbox"/> Prescription									
Is your daughter enrolled in a public, private or public charter school? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Home School campers must submit additional health documentation</small>			Are all immunizations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No			If immunizations are not up to date, is a state certificate from the physician or parent stating medical or religious reasons on file with the school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Physician		Phone Number		Health Insurance Company			Policy Number		
Authorization Statement <small>The information and health history is correct so far as I know, and the person herein described has my permission to participate in all prescribed activities as noted. If she/he appears to be ill, I will not send her/him to the program. I understand my daughter will become a registered member of the Girl Scouts of the USA through participation in this program. I hereby give permission to the medical personnel selected by the camp director or her/his designee to order x-rays, routine tests and treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or her/his designee, to hospitalize, secure proper treatment for, and/or injection, and/or anesthesia, and/or surgery for my child as named above.</small>									
Parent/Guardian Signature				Print Parent/Guardian Name				Date	

Volunteer at Camp

Adults are needed as volunteers at camp. Children of volunteers receive a discount. Are you interested in volunteering at camp?

Yes No

Photo Release Agreement

The Girl Scout Council of the Nation's Capital and the Girl Scouts of the USA (GSUSA) may use photographs in which my child appears to promote Girl Scouting.

Yes No

Pick Your Bus Stop

This program offers transportation free of charge to all participants.

Do you need bus transportation?
 Yes No

Please select your bus stop:

- Spring Hill Elementary
- West Gate Elementary
- Colvin Run Elementary
- Tuckahoe Elementary
- Francis Scott Key Elementary
- Drew Model Elementary
- West Briar Elementary
- Oakton Elementary
- Cunningham Park Elementary

Payment Information

The Program registration fees are \$15. The fees are non-refundable.

The Girl Scout Council of the Nation's Capital offers financial assistance to make camp available to all girls grades K-5. Please remember that we want to offer financial assistance to as many girls as possible, so only request what your family truly needs.

My family requests the following amount in financial assistance toward the registration fee:

\$ _____

The Girl Scout Promise

On my honor, I will try:
To serve God* and my country,
To help people at all times,
And to live by the Girl Scout Law.

* Girl Scouts makes no attempt to define or interpret the word "God"

The Girl Scout Law

I will do my best to be
Honest and fair,
friendly and helpful,
considerate and caring,
courageous and strong, and
responsible for what I say and do,
and to
respect myself and others,
respect authority,
use resources wisely,
make the world a better place, and
be a sister to every Girl Scout.

Camper Agreement

I promise to make the Girl Scout Promise and accept the Girl Scout Law.

Camper Signature