

Summer Event/Learning Registration Form

Opening date is March 1, 2010. Fax registration with credit card payment, or mail with payment to address noted above to be received by registration closing date. A separate form is needed for each event and each girl participant.

PARTICIPANT INFORMATION

Participating As (circle one): Girl Adult

Name _____ E-mail Address _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work _____ Cell _____

Circle T-Shirt Size (not included in all programs): YS, YM, YL, AS, AM, AL, AXL, AXXL

Troop # _____ Grade during 2009-2010 school year: _____

Special Needs (dietary, activity restrictions, etc.):

I give my consent to survey my daughter regarding her experience at this event. _____ Parent Initials

EMERGENCY CONTACT

Name _____ Emergency Phone _____

ADULT REGISTRATION CONTACT – *may leave this section blank if registering adult participant above*

The adult listed below will receive confirmation following the registration closing date, and any updated information as needed.

Name _____ E-mail Address _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work _____ Cell _____

EVENT/LEARNING INFORMATION

Event Name _____ Event Date _____

Event Location _____ Event Code _____

Girl Fee \$ _____

Non-member Girl Fee \$ 15.00

Adult Fee \$ _____

Subtract Early Registration Discount \$ _____

Subtract Attached Dakota Certificates \$ _____

Subtract Requested Financial Assistance \$ _____

Amount Due \$ _____

Total Enclosed \$ _____

Outstanding Balance \$ _____

Method of Payment (circle one)

Troop Check # _____

Personal Check # _____

Money Order

Visa

Master Card

Discover

Credit Card Number _____ Expiration Date _____

Name as shown on card _____ 3 Digit Security Code _____

Amount to Charge \$ _____ Signature _____ Date _____

Health and Permission Card

Completed by parent/guardian and reviewed with physician at the time of examination.

Name (Last, First, Initial)	Parent or Guardian	Date of Birth	Age
Address	City	State	Zip Code
(Area Code) Phone	Cell Phone	E-mail Address	
Emergency Contact	Emergency Phone	Troop # (5 digit #)	

HEALTH HISTORY (Check those that apply)

Allergies (Specify)

- Animals _____
- Foods _____
- Hay Fever _____
- Insect Stings _____
- Medicine/Drugs (list) _____
- _____
- Plants _____
- Pollen _____

Chronic or Recurring Illness

- Ear Infections
- Heart Defect/Diseases
- Seizures
- Bleeding/Clotting Disorders
- Asthma
- Hypertension
- Diabetes
- Musculoskeletal Disorder
- Other (Specify) _____

Other Health Conditions

- Bed Wetting
- Constipation
- Menstrual Cramps
- Motion Sickness
- Nosebleeds
- Sleep Disturbances
- Emotional Disturbances
- Fainting
- Hearing Impairment
- Sickle Cell Trait or Disease
- Special Dietary Needs
- Wears Glasses or Contact Lenses
- Other (Specify) _____

Year of last tetanus booster _____

Is applicant's immunization record up to date? YES or NO

Date of last health examination ___/___/___

List daily medications _____

Please explain any items that are checked above. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted. _____

Doctor _____	Preferred Hospital _____
Insurance Provider _____	Policy Number _____

PARENT/GUARDIAN AUTHORIZATION: This health history is complete and accurate, and the person herein described has my permission to engage in all prescribed activities, except as noted above. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician named above, or if not available, to the physician selected by the adult in charge, to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

~ HOLD HARMLESS AGREEMENT ~

I hereby release and hold harmless Girl Scouts—Dakota Horizons from any and all claims or liability arising from, out of or associated with my child's participation in the activity (s) at said Girl Scout program. My signature on this form evidences my release of the Council, its agents and employees as to that specific activity.

Parent/Guardian Signature _____ Date _____

(OVER)



Girl Scouts®

Girl Scouts – Dakota Horizons

Camper Behavior Contract

Our goal at camp is for all girls to have an enjoyable experience.

In an effort to attain this goal, an environment of safety and comfort needs to exist. Please sit down with your camper to ensure she knows what is expected of her while she is at camp.

It is important that both the camper and her parent/guardian sign the contract with the intention of following it.

1. All girls need to respect other campers, staff and themselves.
2. All girls need to respect camp property and other campers' property.
3. All girls need to follow the safety rules of camp. (Including the wearing of closed toed/heeled shoes. Campers will not be allowed to participate in activities without the appropriate footwear.)
4. Profanity, fighting, hitting and threatening, or disruptive behavior of any kind will not be tolerated at camp and/or on the bus (if applicable).
5. Smoking, and/or the use or possession of drugs or alcohol at camp and/or on the bus (if applicable) is not permitted.
6. Camper will participate willingly in all activities.

When a camper violates one of these rules, the following steps will be taken:

- First offense - Camper will be asked to sit out of activities for a specified time period.
- Second offense - The Camp Director will be notified and the parent/guardian will be contacted. The Camp Director will have a discussion with the camper. Camper will be asked to sit out of activities for a specified time period.
- Third offense - If the behavior or attitude has not improved, the parent/guardian will be notified and will need to make arrangements for the camper to leave camp.

We have both read and understand the Camper Behavior Contract.

Signature of Camper

Date

Signature of Parent/Guardian

Date

Pick Up Form

Please list the person, or possible persons, who will be picking up your daughter from Girl Scout Camp. Camp Staff will be referencing this list during check out procedures.

Adults will be required to show ID when picking up a camper.

Name: _____
Address: _____ _____
Phone Number: _____
Relationship to girl: _____

Name: _____
Address: _____ _____
Phone Number: _____
Relationship to girl: _____

The people listed above have my permission to pick up my daughter, _____, from Girl Scout Camp.

Name: (please print) _____

Signature: _____ Date: _____

Bus Form



Transportation is provided as part of the girl and adult fee.

Bus transportation is available for the following camps.
Please indicate (check) if your daughter will be riding the bus to and from camp.

Camper's Name: _____

	Camp	Pick-Up Location	Camp Location
	Back to Nature I	Bismarck, ND	Coleharbor, ND
	Back to Nature II	Minot, ND	Coleharbor, ND
	Marbles, Memories and More	Williston, ND	Confluence Center
	Time Travelers	Williston, ND	Confluence Center
	A Taste of History	Bismarck, ND	Pick City, ND
	If Trees Could Talk	Minot, ND	Towner, ND