

# Day/Twilight Girl Camp Registration

**PLEASE PRINT.** Take or mail form and **TOTAL FEE** or complete an Individual Financial Assistance Request (see Financial Aid) to location or address on Day/Twilight Camp Chart. **DO NOT SEND TO GIRL SCOUT OFFICES.** FEE IS NON-TRANSFERABLE.

Camp Fee \$	_____
If not a Girl Scout, add \$12	
GSUSA Membership Dues \$	_____
TOTAL AMOUNT \$	_____

Child's Name: \_\_\_\_\_ Camp Attending: \_\_\_\_\_ Camp Dates: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Email: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

School Name: \_\_\_\_\_ First time day/twilight camper? \_\_\_\_\_ Y \_\_\_\_\_ N

1)  Registered Girl Scout: GS Troop Number: \_\_\_\_\_ GS Service Unit #: \_\_\_\_\_

2)  Non-Girl Scout... parent/guardian consents for girl to become a member of Girl Scouts of the USA  
(If not a registered Girl Scout, a non-refundable \$12 membership fee must be included with your camp fee and registration form.)

Program Grade Level in Fall:  GS Daisy  GS Brownie  GS Junior  GS Cadette  GS Senior  GS Ambassador

Is child a:  Girl (K-12)  Boy  Pre-schooler New to Girl Scouts:  Yes  No

Ethnic (choose one):  American Indian/ Alaskan Native  Asian  Black  Haw/Pac. Islander  White  Other

Are you also of Spanish/ Hispanic origin?  Yes  No

Check which parent/guardian should be contacted first in an emergency:

<input type="checkbox"/> Mother / Guardian _____	Home Phone:(_____) _____	Work Phone:(_____) _____	Pager/ Cell:(_____) _____
<input type="checkbox"/> Father / Guardian _____	Home Phone:(_____) _____	Work Phone:(_____) _____	Pager/ Cell:(_____) _____

Persons authorized to pick up my child: \_\_\_\_\_

Emergency Contact if parent/guardian cannot be reached: Name: \_\_\_\_\_

Home Phone: (_____) _____	Work Phone:(_____) _____	Pager/ Cell: (_____) _____	Relationship to Camper _____
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Name of ONLY One Buddy (If any): \_\_\_\_\_  
(Buddies must list each other to be placed together. GS Troops may not be placed together-- contact individual camp.)

T-Shirt Sizes(s): **YOUTH:**  M (10-12)  L (14-16) **ADULT:**  S  M  L  XL  XXL (additional cost)

Please check if your child needs special assistance, i.e. dietary, mobility, interpreter, etc. We will make every effort to accommodate all girls where possible. Please explain: \_\_\_\_\_

**To assure the best possible camping experience, all Parents/Guardians are expected to attend the pre-camp parents/campers meeting if one is scheduled. See Day/Twilight Camp Chart.** I give my daughter/child permission to participate in activities at the above named camp/session. I give Girl Scouts of Northeast Texas, Girl Scouts of the USA and the United Way the right and permission without compensation to use photographs of my daughter/child and her name for publicity and public relations purposes.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY:** Date Received: \_\_\_\_\_  Check #: \_\_\_\_\_ Camp Fee \$ \_\_\_\_\_  
 Health History/ Authorization  T-shirt Size: \_\_\_\_\_  Cash + GSUSA \$ \_\_\_\_\_  
- IFA request \$ \_\_\_\_\_  
Total Paid \$ \_\_\_\_\_

# Health History Record - Children

REGISTRATION WILL NOT BE ACCEPTED UNLESS ALL SECTIONS ARE COMPLETED

Please Print or Type

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First

**Part I: Illness and Injuries** (check all that apply and give appropriate dates)

- Chronic or Recurring Illness:  Ear Infection  Heart Disease  Bleeding/Clotting Disorders  
 Asthma  Hypertension  Musculoskeletal Disorders  
 Seizures  Diabetes  Other \_\_\_\_\_

Date of last physical examination: Month \_\_\_\_ Year \_\_\_\_ Dr. Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

- Since last health exam, has participant had:
- a serious injury/illness requiring medical attention?  Yes  No
  - the care of a physician or psychologist?  Yes  No
  - recent exposure to a contagious disease?  Yes  No
  - restrictions in physical activities?  Yes  No
  - any prescribed/ over-the-counter medications?  Yes  No

Please explain any "yes" answers to the above questions, include dates: \_\_\_\_\_

- Part II: Allergies** (check all that apply and attach list if necessary)
- Food \_\_\_\_\_
  - Insect Stings \_\_\_\_\_
  - Hay Fever \_\_\_\_\_
  - Pollen \_\_\_\_\_
  - Plants \_\_\_\_\_
  - Medicines/Drugs \_\_\_\_\_
  - Animals \_\_\_\_\_
  - Other \_\_\_\_\_

- Part III: Other Health Conditions** (check all that apply)
- Emotional Disturbances
  - Menstrual Cramps
  - Sickle Cell Trait or Disease
  - Constipation
  - Nosebleeds
  - Fainting
  - Special dietary regimen
  - Wears glasses or contacts
  - Other \_\_\_\_\_
  - Hearing Impairment

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

List any medications needed at camp (attach list if needed): \_\_\_\_\_

- May be given/applied?
- |                         |  |                  |  |
|-------------------------|--|------------------|--|
| Acetaminophen (Tylenol) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Calamine Lotion  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ibuprofen (Advil)       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Benadryl         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antiseptic Ointment     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insect Repellent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sunscreen               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |  |

**Part IV: Immunizations - Full Dates (day/month/year) are required by the Texas Health Department.**

You may attach an immunization record from your doctor.	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTP/DtaP)					
Measles, Mumps, Rubella (MMR)					
Polio (OPV/IPV)					
Chicken Pox (Varicella)					
Haemophilus influenzae type b (Hib)					
Pneumococcal vaccine (PCV/PPV)					
Tuberculin Result:					
Hepatitis B					
Hepatitis A (if required by county)					

Parent/Guardian Statement: This health history is complete and accurate. I know of no reason(s), other than indicated on this form, why my daughter/child should not participate in camp activities except as noted. I authorize the Girl Scout adult in charge to consent to medical treatment when either I or my assignee cannot be contacted. I understand that every effort will be made to contact me before such action. I assume financial responsibility for emergency care if such care is not covered by GSUSA Activity Accident Insurance.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_