

If parts of this form are already completed, please make any necessary changes. Return with \$15 annual membership dues to the troop/group leader.

Troop # SU #

Check one: New Reregistering please write on dotted line

Girl's Name: First Middle Last

Mailing Address / Apartment #

City State Zip Code

Phone Number Email (if girl is 13 and up, otherwise use parent/guardian email address)

Date of Birth Grade School Name #of completed years as a Girl Scout

She is under the custodial care of: Both Parents Mother/Guardian only Father/Guardian only Other

By entering your email address above, you give GSNETX permission to send council news to the address listed. GSNETX will not share, sell distribute or rent your information to anyone.

Mother/Guardian's: First Middle Last

Address (if different than girl's) City Zip

Employer Email

Phone Number (home) (work) (cell)

Father/Guardian's: First Middle Last

Address (if different than girl's) City Zip

Employer Email

Phone Number (home) (work) (cell)

Emergency Contact (other than listed above): (Mandatory information needed.)

First Last Phone Number

We encourage you to provide the following information to help Girl Scouts improve our outreach efforts to reach every girl, everywhere.

- 1. My racial background is: (check one) American Indian or Alaskan Native Asian Black or African American Hawaiian or Pacific Islander White Other
2. My ethnic background is: (check one) Hispanic or Latina Not Hispanic or Latina

I confirm that the registrant will abide by the Girl Scout Promise and accept the Girl Scout Law. The registrant has my permission to join Girl Scouts. I understand that when participating in Girl Scout activities the registrant may be photographed for print, video or electronic imaging. I understand the images may be used in promotional material, news releases, and other formats for either Girl Scouts of Northeast Texas or Girl Scouts of the USA. I acknowledge that the images will be the sole property of Girl Scouts of Northeast Texas or Girl Scouts of the USA.

Signature of Parent / Guardian Date

Membership (Membership dues are not refundable or transferable to another person)

Cash \$ _____ or Check # _____ (payable to Girl Scouts of Northeast Texas) Fin. Asst. GSUSA Membership Dues \$ 15

Family Partnership - Give the Gift of Girl Scouting!

I want to support the Girl Scout Leadership Experience with a gift of: \$1,000 \$500 \$100 \$50 \$35 Other \$ _____

Cash Check # _____ Credit Card # for Family Partnership ONLY _____

Name on Credit Card _____ Exp Date _____ VISA MasterCard

Signature _____ Date _____ Discover Am. Express

Yes, I/We would like to make my/our gift of \$ _____ in # _____ installments of \$ _____ per month. (For Bank Draft, provide a voided check.)

Do you want to register online?

Visit eBiz, our online membership system, at www.gsnetx.org/myaccount for more information on how to register today!

What is the Girl Scouts of Northeast Texas Family Partnership Campaign?

The Girl Scouts of Northeast Texas (GSNETX) Family Partnership Campaign is an opportunity for Girl Scout families to invest in girls' futures through programs, camp improvements, scholarships, volunteer support and other critical services. Did you know that 100% of the \$15 membership registration fee goes directly to Girl Scouts of the USA? In 2012, GSNETX invested \$333.51 in each girl to build her courage, confidence and character, so she can make the world a better place. With the second century of Girl Scouting upon us, and our program needs growing exponentially, every dollar is vital to helping build leaders of tomorrow.

- \$50 - Can send a Girl Scout Troop Leader to a CPR or First Aid Certification Class
\$75 - Help girls experience water safety by providing 3 life vests
\$100 - Can feed 9 horses in Camp Bette Perot's Equestrian Program for one week
\$250 - Can send a girl to camp for one week
\$500 - Can provide membership to 40 girls in an elementary Girl Scout troop in an underserved community
\$1,000 - Can provide a Girl Scout Gold Award recipient a scholarship to the college of her choice and you will be recognized in the Juliette Low Leadership Society

To learn more about the Family Partnership campaign, visit www.gsnetx.org or call 972.349.2438.

Let your VOICE be heard and receive a FREE PATCH after completion of our short survey at http://www.girlscoutsvoices.org



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

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

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

Persons authorized to pick up my child: _____

Emergency Contact if parent/guardian cannot be reached: Name: _____

Home	Work	Pager/	Relationship to
Phone: (_____) _____	Phone:(_____) _____	Cell: (_____) _____	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)

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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: _____

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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: _____

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

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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:
- the care of a physician or psychologist? Yes No
 - a serious injury/illness requiring medical attention? Yes No
 - restrictions in physical activities? Yes No
 - recent exposure to a contagious disease? 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 _____
 - Plants _____
 - Insect Stings _____
 - Medicines/Drugs _____
 - Hay Fever _____
 - Animals _____
 - Pollen _____
 - Other _____

- Part III: Other Health Conditions** (check all that apply)
- Emotional Disturbances
 - Constipation
 - Menstrual Cramps
 - Nosebleeds
 - Sickle Cell Trait or Disease
 - 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: _____