



Volunteer and Community-Led Day Camp Registration Form

This form is for any of the volunteer-led day camps and events. Girl Scouts of Eastern Iowa and Western Illinois and its volunteers make every effort to provide a safe and secure environment. A typical Girl Scout volunteer-led day camp may involve songs, active games, refreshments, skits, arts and crafts, and lively discussions. This form does not cover sensitive topics, high risk activities (such as camping, rock climbing, skiing, etc) and other activities that take place outside of the council area. A separate permission form is required for those activities. Extended trips or other physically demanding activities may require additional health history and contact information. We encourage you, as the parent/guardian, to share information with the volunteer that may affect your child's health or safety while in our care. All information listed is confidential and should only be shared with persons who have a need to know in order to protect the health and safety of all participants. Completed forms are to be destroyed at the end of every membership year, September 30. Return the completed *Camper Information Form* with this form to the camp director listed under the desired program. **DO NOT send to the Girl Scout Leadership Center.**

Service Unit # (if applicable) _____ Troop # (if applicable) _____

Camper's First Name _____ Middle Initial _____ Last Name _____

Today's Date _____/_____/_____ Date of Birth _____/_____/_____ Age in Fall _____

Camper's Height _____ Camper's Weight _____ Grade in Fall _____

Address _____ City _____

State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Allergies (animals, food, insects, medication, etc.) and how to Respond to a Reaction (if applicable) _____

Dietary Needs (if applicable) _____

Medications (if applicable) _____

Physical Limitations (if applicable) _____

Other Concerns (if applicable) _____

Camper T-shirt Size YS YM YL AS AM AL AXL A2XL A3XL

I give permission for my daughter to take over the counter medication(s) checked according to the manufacturer's instructions and at the dosage appropriate for her weight and/or age Acetaminophen (Tylenol) Decongestant (Sudafed) Antacid (Tums) Expectorant (cough drops/suppressant) Antidiarrheals (Pepto-Bismol) Diphenhydramine (Benadryl) Antihistamine (Claritin) Ibuprofen (Motrin)

Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____

State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Work Phone _____ Employer _____

Email _____ This Person is an Emergency Contact Yes No

I would like to Volunteer at Day Camp Yes No Dates Available (if applicable) _____

Volunteer T-shirt Size (if applicable) YS YM YL AS AM AL AXL A2XL A3XL

Emergency Contact _____ Middle Initial _____ Last Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Relationship To Girl _____

This Person is an Emergency Contact Yes No Girl may be Released to this Person Yes No

Emergency Contact _____ Middle Initial _____ Last Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Relationship To Girl _____

This Person is an Emergency Contact Yes No

Girl may be Released to this Person Yes No

I have read and understood the camp information and agree that my camper and I will abide by the stated regulations and procedures. I understand that my camper needs to be a currently registered Girl Scout and that there is a \$25 nonrefundable deposit for each session that my camper attends. I understand that I am responsible for getting my camper to camp and picking her up on time. I give my permission for my camper to attend and participate in all phases of activities (except those noted on the camper health record), including off-site travel when it is part of the program. I understand that when participating in Girl Scout activities, participants may be photographed for print, video, or electronic imaging, and that those images may be used in published formats and belong to the Girl Scouts.

Parent/Guardian Signature _____

Printed Name _____ Date ____/____/____

Enclose a \$25 nonrefundable deposit. Program Credits CANNOT be used as a deposit. Remaining balance is due no later than May 15. If a camper (girl or adult) is not a currently registered Girl Scout, complete the Girl Scout membership form found online at GirlScoutsToday.org. Camper grant forms should be filled out completely, requested documentation attached, and submitted with registration.

Camp Program Fee _____ Amount Enclosed Includes Check/Money Order Gift Certificate Camp or Program Credit
 Payment for Girl Scout Membership Other _____
Total Enclosed _____

Office Use Only

Log Date ____/____/____ Deposit _____ Payment Type _____

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Log Date ____/____/____ Deposit _____ Payment Type _____