

Program Registration Form

PLEASE PRINT

Participant's Name _____		Troop # _____	Registered Girl Scout	Y	N
Address _____		Service Unit _____			
City State Zip _____		Age _____	Grade _____		
Home Phone # _____	Cell Phone # _____	Level (circle one)	D	B	J
Parent Name _____		Parent's Work # _____			
Alternate Adult _____		Alternate Adult _____			
Emergency Name _____		Emergency Number _____			
Allergies (be specific) _____					
Medical Conditions, _____					
Physical Limitations and Medications _____					
Please check your consent for GSCC Program personnel to administer the following to your daughter, if necessary: <input type="checkbox"/> Benadryl <input type="checkbox"/> Calamine Lotion <input type="checkbox"/> Children's Motrin 50 mg <input type="checkbox"/> Junior Motrin 100 mg <input type="checkbox"/> Insect Repellent <input type="checkbox"/> Pepto Bismol <input type="checkbox"/> Sunscreen					
Buddy Preference _____					

I give full permission for my daughter to attend the programs(s) listed below and participate in all phases of the activities. I will not allow her to attend if for any reason I do not consider her to be in good physical condition. Girl Scouts of the Calumet Council Program personnel are authorized to administer first aid and/or seek medical treatment from a licensed physician for my daughter in the event of an accident, injury or illness as needed. I have read the information provided and agree to cooperate with all regulations.

If a fee is being charged for the program(s), I understand it is not refundable, except as listed on page 2 of the Program/Training Guide.

Girl Scouts of the Calumet Council has my permission to use photos and/or videos of my daughter and/or myself taken at these programs for publicity purposes, Yes No.

Parent/Guardian Signature _____ Date _____

Program Name	Date	Time	Fee Enclosed Per Program
1			
2			
3			
4			
5			
6			
7			

I am sending a donation to help girls less fortunate than my daughter to receive program scholarships.

Total Enclosed

Method of Payment	<input type="checkbox"/> Cash (do not mail) <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Visa, Mastercard, Discover, American Express)		
	Name as it appears on Credit Card _____		Zip Code _____
	Credit Card Account # _____	CVV Code _____	Expiration Date _____

Office Use	Date Received:	Receipt #:	Amount:	By:
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