

**2009 Missoula Girl Scout Day Camp Girl Registration
Monday, July 13 – Thursday, July 17, 2009**

At Fort Missoula

\$45.00 per girl (additional \$5.00 if attending Junior and older girl overnighter on Friday, additional \$10.00 for non-Girl Scouts)

LAST _____
FIRST _____
GRADE _____
TROOP # _____

Are you a currently registered Girl Scout? Yes _____ No _____
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Name _____ DOB _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Parent email _____

Emergency/Medical Information

Parent Guardian _____	Parent/Guardian _____
Home Phone _____	Home Phone _____
Day Phone _____	Day Phone _____
Cell Phone _____	Cell Phone _____
Emergency Contact if parent cannot be reached _____	Phone _____
Regular Doctor or Clinic Name _____	Phone _____

Health History

Circle any health condition or problem that should be considered in her activities: Asthma, Diabetes, Convulsions, Kidney/Bladder Problems, Wears Corrective lenses, Dental Retainer, Ear Infection, or Heart Disease.
 Has she had: Chicken Pox, Mumps, Measles, or German measles?
 Date of last Tetanus Shot? _____. Date of last health exam _____.
 Were there any complicating problems noted on the last health exam? _____
 Any medications prescribed by a physician that will affect this day's activity? _____
 Allergies to foods, medications, insects or other _____
 Are there any activity restrictions? _____

Parental Signature _____

This signature authorizes my daughter (listed above) to attend Girl Scout Day Camp. The medical information provided is correct to the best of my knowledge and the youth described herein has my permission to engage in all activities except as noted above. In the event I cannot be reached in the case of an emergency, I give my consent to medical, surgical and or hospital treatment or procedures by the physician or hospital selected by the adult leader in charge when deemed necessary to safeguard my child's health. Under these circumstances I waive my right to informed consent.

If not currently a registered Girl Scout, this signature gives the registrant has my permission to join Girl Scouts.
 Can photos of girl be used for media stories or on our council website or newsletters? Yes ___ No ___

We encourage you to provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout movement. The registrant's racial background is: (please check as many as apply) American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Hawaiian or Pacific Islander ___ White ___ Other _____.

The registrant's ethnic background: (please check one) Hispanic ___ Non-Hispanic ___.

Day Camp Fee Enclosed:	\$ _____
Additional \$5.00 for overnighter (4 th grade and older only):	\$ _____
Total amount enclosed:	\$ _____
*Deadline for registration July 1, 2009	
**Cost of Registration and t-shirt's <u>not refundable after the date of July 1st, 2009.</u>	
***Please make checks payable to "Girl Scouts"	
Return completed and paid registrations to:	
Kelsy Richard, 248 Hannaford, Florence, MT 59833.	

1 T-Shirt: included in camp registration fees. Please check size needed.
_____ Youth Small
_____ Youth Medium
_____ Youth Large
_____ Adult Small
_____ Adult Medium
_____ Adult Large
_____ Adult XL