

2009 Missoula Girl Scout Day Camp Cadet Registration
Tuesday, July 13 – Friday, July 16, 2009
At Fort Missoula

\$35.00 per girl (additional \$5.00 if attending Junior and older girl overnighiter on Friday) *Please tell Dawn McCloney if you are using the service hours toward an ISP or other GS award.

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? _____

Can be given aspirin or Tylenol? Yes No

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 _____.

Day Camp Fee Enclosed:	\$ _____
Additional \$5.00 for overnighiter (4 th grade and older only):	\$ _____
Total amount enclosed:	\$ _____

***Deadline for registration June, 2009**
****Cost of Registration and t-shirt's not refundable after the date of July 1, 2009.**
*****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