

# 2015 MISSOULA GIRL SCOUT DAY CAMP REGISTRATION FORM



## SPACE CAMP



**Day Camp Name:** Missoula-Area "Girl Scout Space Camp" Day Camp 2015

**Day Camp Dates:** July 6-9th with an overnight option for 5<sup>th</sup> grade and older on July 9<sup>th</sup>. Additional \$5.00 fee applies

**Camp Location:** Historic Fort Missoula off of South Avenue on Guardsman Lane

**Make Checks Payable to: Girl Scouts**



~~~~ Register by May 31st to take advantage of the \$55 Early Bird Discount~~~~

Add \$5 for the overnight event on July 9<sup>th</sup>. Participant must be going into 5<sup>th</sup> grade or higher & a current Girl Scout; optional event.

**Register by June 15<sup>th</sup> \$70.00 Register after June 15<sup>th</sup> - \$90.00 - subject to availability.**

**No registrations after June 26th.**

**Bring a friend! Non-Scouts are always welcome! Add \$15.00 to the camp registration fee\*.**



Submit Registration and Payment to: **Cindy Sandau**  
**4560 Mark Court**  
**Missoula, MT 59803**  
**(406) 240-8687**

T-Shirt Size (select one):  ADULT (S)  
 YOUTH (S)  ADULT (M)  
 YOUTH (M)  ADULT (L)  
 YOUTH (L)  ADULT (XL)

\* included in camp fee, \$10 for volunteers (optional)

*Please Note: A separate form is needed for each Day Camp participant, including Program Aides and Adult Volunteers.*

**Participant Information**

Participant Name \_\_\_\_\_ Scout Level \_\_\_\_\_ Troop # \_\_\_\_\_

Participating as:  Girl  Program Aide  **Adult Volunteer (FREE)** Registered Girl Scout?  Y  N (if no, add \$15.00 to registration fee\*)

Date of Birth \_\_\_\_\_ Age at the Time of Camp \_\_\_\_\_ Grade Entering \_\_\_\_\_ School \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work/Cell Phone(s) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Volunteer Availability: \_\_\_\_\_ **Volunteer for 2 days and get a free t-shirt!**



**Emergency/Medical Information**

Circle any health condition that should be considered in her activities: Wears Corrective Lenses Wears Dental Retainer Asthma Diabetes Convulsions  
 Heart Disease Kidney/Bladder Problems Ear Infections

Has she had: Chicken Pox Mumps Measles German Measles Date of last Tetanus Shot \_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Any complicating problems noted on last exam? \_\_\_\_\_

**Any medications prescribed by a physician that will affect Camp activities?** \_\_\_\_\_

\* If any medications are to be administered by Camp Director during Camp, medication and *detailed instructions* must be placed in a sealed Ziploc bag with Camper's name, address and phone clearly written on the outside of the Ziploc.

**Regular Doctor or Clinic Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please list any special needs (wheelchair, food or insect allergies, epi pen, inhaler, activity restrictions, etc):**

**Emergency Contact:** Person to be contacted in case of emergency if parent/guardian cannot be reached. Please list a friend or relative who will be able to contact you or who may act on your behalf. Please make sure this person is aware his/her name is being used

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

I am currently **not** a registered Girl Scout and have added \$15.00 to the price above\*.

\*I understand that this registers me with the Girl Scouts and entitles me to attend Girl Scout events and be covered by their insurance until Sept. 30<sup>th</sup> of this year.

By signing and submitting this registration form I give permission for photographs, videos and audio recording of my child taken by authorized Girl Scouts of Montana and Wyoming staff or their designee to be used for council publication, television, or the web. I have read the program information and give my child permission to participate in the activity described.

GSMW is not responsible for any personal belongings.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_