

2011 Camp Registration Form

Camper Information:

Name: _____ Age: _____ DOB: ____/____/____ Entering grade: _____ in Sept. '11

Mailing Address: _____
STREET CITY STATE ZIP CODE

Summer Address (if different): _____
STREET CITY STATE ZIP CODE

Registered Girl Scout? Yes, Troop # _____ Girl Scout Council _____ No, I will include the \$12 membership fee.

Parent / Legal Guardian(s): (These individuals are authorized to pick up camper from camp)

Name: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Name: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

My camper is under the custodial care of (check one): Both Parents Mother Father Other
Please provide a copy of the court ordered custody decree.

Emergency contact that has authorization to pick up camper if parent/guardian cannot be reached:

Name: _____ Relationship: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Program Choice:

Please provide **complete** information for each program and be sure that your camper meets the prerequisites for the program(s) selected.

Camp	Session	Program Name	Program Fee	Bus Stop	Bus Stop Fee
<i>Example: Hoffman</i>	2	<i>Brownie Magic</i>	\$400.00	n/a	n/a
1. _____					
2. _____					
3. _____					

Camp Buddy

This is my friend. We are the same age and would like to be in the same unit. She will put my name on her form. _____

Financial Aid:

Applications may be downloaded at www.gsri.org. I will submit an application for financial aid yes no

Payment:

Total Program Fees	\$ _____
Bus Fee (\$25 per session)	\$ _____
GSUSA Registration Fee (\$12)	\$ _____
Tax-deductible donation to our campership fund	\$ _____
Early Bird Discount (\$25)	- \$ _____
Total Due	\$ _____
Deposit	\$ _____
Amount Paid Today	\$ _____
Balance Due (June 1, 2011)	\$ _____

Credit Card Authorization:

Please charge payment of \$ _____ to my: Visa MC AmEx
Card # _____
Exp. date _____ Billing Zip Code _____
Name on card _____
Cardholder Signature _____

For Office use ONLY:

Date Rec'd _____ Receipt# _____
Deposit Rec'd \$ _____ Acct# _____
Membership Fee \$ _____ Acct# _____
Donation \$ _____ Acct# _____

SAVE TIME,
REGISTER ONLINE!
www.gsri.org

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Camper's Name: _____

Medical Information:

Physician's Name: _____ Phone: (____) _____

Physician's Address: _____
STREET CITY STATE ZIP CODE

Health Insurance Company Name: _____ Policy #: _____ No Insurance

In order for GSRI to better serve your camper, please list any special needs or medical concerns that camp staff should be made aware of. These may include but are not limited to the selections below. This information will be kept confidential.

- Allergy Epi-Pen required Physical Disability Medication
 Mental Illness/Behavioral Concern Dietary Restrictions Other _____

If you checked any of the above, please explain: _____

I give permission to give acetaminophen (i.e. Tylenol) as deemed necessary by the camp health supervisor. Yes No

Is your camper under the care of a physician/psychologist/psychiatrist? Yes No

If yes, please explain: _____

Please list your camper's religious preference: _____

Optional:

Racial Background (please check as many as apply)

- American Indian/Alaskan Native Asian Hawaiian/Pacific Islander Black/African American White Multi-racial

Ethnic Background: Hispanic yes no

How did you hear about Girl Scout camp?

- A friend Internet Through my troop Newspaper ad Other _____

Parent / Guardian Statement of Understanding/Release:

I give permission to the camper listed on this form to attend camp and participate in all activities. The information on these forms is true and correct to the best of my knowledge. I understand that the camp and the council are not responsible for personal items. I understand GSRI reserves the right to cancel this registration if full payment is not made by June 1, 2011. I understand that the deposit is not transferable and will not be refunded unless GSRI is unable to place this camper. I understand that if information listed on this form changes prior to the start of the session I will notify GSRI. I understand it is my responsibility to provide safe transportation arrangements to and from any and all camp events/activities. I understand that it is my responsibility to make sure my camper gets on the bus safely and is picked up when the bus arrives at the designated stop. GSRI is not responsible for my camper before pickup or after drop off. I understand every effort will be made to contact parents/guardians in the event of an emergency. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure treatment for, administer anesthesia, and/or perform surgery for my child. Camp authorities may take such emergency measures they deem appropriate, including transportation, and shall notify the parent/guardian listed as soon as possible.

I give my consent that any photographs or films taken of my camper during her camp session be used by GSRI or GSUSA for publicity purposes. Yes No

Parent/Guardian Signature: _____ Date: _____

How to Register by Mail:

Complete both sides of this form and mail it with a deposit to: GSRI, Inc, 125 Charles Street, Providence, RI 02904

GOT QUESTIONS?
Call our camp registrars at (401) 331-4500 / (800) 331-0149
www.gsri.org