

# 2010 Resident Camp Registration Form

REGISTRATION OPENS FEBRUARY 23, 2010. PLEASE COMPLETE TOP AND BOTTOM, FRONT AND BACK.  
Return to Girl Scout Commonwealth Council, 7300 Hanover Green Drive, P.O. Box 548, Mechanicsville, VA 23111  
**Incomplete forms will be returned for additional information before processing.**

**TOP** Please Check One:  Pamunkey Ridge  Camp Kittamaqund  Equestrian

Full Name \_\_\_\_\_ Grade Fall 2010 \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Pager or Cellular Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Pager or Cellular Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_ Email \_\_\_\_\_

Are you currently a member of Girl Scouts?  Yes  I will be joining with this registration, \$12 fee enclosed  No, I'm a non-member

Level in Fall 2010:  Brownie  Junior  Cadette  Senior  Ambassador Current Troop # \_\_\_\_\_ Council Name (if not GSCC) \_\_\_\_\_

**In order to accommodate buddies, you MUST send both girls' forms in the same envelope or bring both registration forms in together.**

Name of ONE camp buddy \_\_\_\_\_

**Person to notify in case of emergency if parent(s)/guardian(s) cannot be reached: (REQUIRED)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Pager or Cellular Phone(\_\_\_\_) \_\_\_\_\_

**BOTTOM** Full Name \_\_\_\_\_

Grade in Fall 2010 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Pager or Cellular Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Pager or Cellular Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_ Email \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Pre-trained PA Yes _____ No _____	
Session # _____	Dates _____

**Which parent should we contact if an emergency occurs?**  Either parent  Mother only  Father only

**Which parent is allowed to pick camper up from camp?**  Either parent  Mother only  Father only  Other \_\_\_\_\_

Does your daughter need special accommodations or have special needs? (If yes, please explain on separate sheet of paper.)  No  Yes

Are you currently a member of Girl Scouts?  Yes  I will be joining with this registration, \$12 fee enclosed  No, I'm a non-member

Level in Fall 2010:  Brownie  Junior  Cadette  Senior  Ambassador Current Troop # \_\_\_\_\_ Council Name (if not GSCC) \_\_\_\_\_

Number of years at Resident Camp \_\_\_\_\_ Name of ONE camp buddy \_\_\_\_\_

**Person to notify in case of emergency if parent(s)/guardian(s) cannot be reached REQUIRED**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Pager or Cellular Phone (\_\_\_\_) \_\_\_\_\_

Parent Signature \_\_\_\_\_

This registration form is for (check one):  One (1) program, OR  All programs listed below (full deposit required for each)

Name of Program	Dates	Fee
1st Choice		\$
2nd Choice		\$
3rd Choice		\$
4th Choice		\$
5th Choice		\$

**If paying deposit or total camp fee by credit card, please complete the following:**

Amount \$ \_\_\_\_\_ Check one:  MasterCard  Visa Expiration Date \_\_\_\_\_

Card# \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS AREA**

ID#	Date confirmation sent :		
Cost of Program	\$		
Deposit	\$	Date Paid	Payment Plan
Balance Due	\$	#1 \$	Date
Financial Aid	\$	#2 \$	Date
Cookie Coupon	\$	#3 \$	Date
Final Balance Due	\$	Date Paid	

**Parent Permission Form**

My daughter has permission to attend resident camp. I also give my permission for:

- My daughter to participate in all phases of the camp program unless otherwise indicated on her Health History Form/Health Examination Card.
- My daughter to leave camp on trips, if any, which are part of the camp program as described in brochure.
- The adult in charge to obtain emergency medical treatment for my daughter at an area hospital/medical center when all efforts to contact me and the emergency contact have failed.
- The area physician and camp health supervisor or certified first aider to treat my daughter for minor health problems using over-the-counter medications in appropriate dosages, when needed.
- My daughter to be photographed and videotaped for Girl Scout publicity and promotions.
- My daughter to be a member of Girl Scouting (if not currently registered, a registration fee of \$12 is enclosed).
- My daughter to communicate with camp counselors by letter or email.

I have read this Parent Permission Form and the information in this brochure and agree to cooperate with Girl Scout Commonwealth Council in regard to camp policies and procedures. I agree to pay the balance of the camp fee and return all forms one month prior to the first day of my daughter's camp program. I understand the \$50 deposit is not refundable once my daughter has been placed in a program. I understand that if my daughter is released from camp for infractions of policy and procedures, it is my responsibility to transport her home immediately.

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

**PLEASE NOTE: This registration cannot be processed without signature of Parent/Guardian.**