

### Camper Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering grade: \_\_\_\_\_ in Sept. '13

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>	\$415.00	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](http://www.gsri.org). I will submit an application for financial aid  yes  no

#### Payment:

Total Program Fees	\$ _____
Bus Fee	\$ _____
GSUSA Registration Fee (\$12 for Non-Scouts)	\$ _____
Tax-deductible donation to our campership fund	\$ _____
Early Bird Discount (\$25)	- \$ _____
Total Due	\$ _____
Deposit (\$35 per session)	\$ _____
Amount Paid Today	\$ _____
<b>Balance Due (June 1, 2013)</b>	<b>\$ _____</b>

#### Credit Card Authorization:

Please charge payment of \$ \_\_\_\_\_ to my:  Visa  MC  AmEx

Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

#### For Office use ONLY:

Date Rec'd \_\_\_\_\_ Receipt# \_\_\_\_\_

Deposit Rec'd \$ \_\_\_\_\_ Acct# \_\_\_\_\_

Membership Fee \$ \_\_\_\_\_ Acct# \_\_\_\_\_

Donation \$ \_\_\_\_\_ Acct# \_\_\_\_\_

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, 2013. 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. When attending Girl Scout Camp, campers may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional materials, news releases and other published formats for either GSRI or GSUSA. The images will be the sole property of 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.

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](http://www.gsri.org)