



2016 CAMP REGISTRATION FORM

CAMPER INFORMATION:

NAME: _____ AGE: _____ DOB: ____/____/____ Grade completed in June 2016 ____

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 \$25 Membership Fee

PARENT/ LEGAL GUARDIAN (S): (These individuals are authorized to pick up camper from camp, include parents/guardians)

1. NAME: _____ HOME PHONE: (_____) _____

CELL PHONE : (_____) _____ EMAIL: _____

2. 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 pickup 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
Hoffman	2	Brownie Smiles	\$400.00	N/A

1. _____

2. _____

3. _____

CAMP BUDDY: This is my friend. We are in the same grade 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.gssne.org. I will submit an application for financial aid YES NO

PAYMENT:		Card # _____
Total Program Fees	\$ _____	Exp. Date: _____ CVV # _____
GSUSA Registration Fee	\$ _____	Name on card: _____
(\$25 for Non-Scouts)		Billing Address: _____
Tax-deductible donation to our camper fund	\$ _____	Card Holder Signature: _____
Total Due	\$ _____	
Deposit (\$35 per session)	\$ _____	
Amount Paid Today	\$ _____	
Balance Due (May 31, 2016)	\$ _____	
Credit Card Authorization:		
Please charge payment of	\$ _____	
to my <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx		

FOR OFFICE USE ONLY:	
Date Rec'd _____	Receipt # _____
Deposit Rec'd \$ _____	Acct # _____
Membership Fee \$ _____	Acct # _____
Donation \$ _____	Acct # _____

continued...

Registration

2016 CAMP REGISTRATION FORM

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

- Allergy Epi-Pen required Physical Disability Medication
 Mental Illness/ Behavioral Concern Dietary Restriction 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 (pleases check as many as apply)

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

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 GSSNE reserves the right to cancel this registration if full payment is not made by May 31, 2016. I understand that the deposit is not transferable and will not be refunded unless GSSNE is unable to place the camper. I understand that if information listed on this form changes prior to the start of the session I will notify GSSNE. 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 GSSNE or GSUSA. The images will be the sole property of GSSNE. I understand 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. GSSNE 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 pages of this form and mail it with a deposit to GSSNE, 500 Greenwich Ave., Warwick, RI 02886 or fax it to (401) 421-2937.

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