



**girl scouts**  
of eastern oklahoma  
**Day Camp Registration**

**2012**

**Name of Camp:** \_\_\_\_\_  
*Use a separate registration form for each camp attending.*

Staff Use Only:  
Wait List  Canceled  No-Show  Unit assigned: \_\_\_\_\_

**REGISTRATION DEADLINE MAY 4** or when camp is full. **Register early!**  
**Print or type all information except signature**  
A separate registration form is required for **EACH** child (INCLUDING STAFF CHILDREN)  
Complete **BOTH** sides of form

Registration will not be accepted without proper signature & **non-refundable registration fee**  
**Mail or bring completed registration to Girl Scouts of Eastern Oklahoma**  
**2432 East 51<sup>st</sup> Street, Tulsa, OK 74105**



**About the CAMPER** First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade : \_\_\_\_\_ Current Girl Scout Level: \_\_\_\_\_ Troop #: \_\_\_\_\_

**PARENT/GUARDIAN** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Day/Work Phone: Mom: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Dad: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Cell/Pager: Mom: (\_\_\_\_) \_\_\_\_\_ Dad: (\_\_\_\_) \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

**Yes!** If accepted, I want the confirmation e-mailed to me. (Billing statement and Director's letter will be sent USPS at a later date.)

**I am volunteering to help Full Time Part Time with Day Camp for my daughter.**  
(Please complete the Day Camp Staff Application, Form #604F, and submit with this registration form.)  
**ALL children of trained FULL TIME Day Camp staff, including boys and preschoolers, attend camp free.**

**EMERGENCY CONTACT Information** *If we are not able to contact you, someone who knows how to reach you and/or can act for you. Please notify this person of their responsibility.*

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Day/Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell/Pager:(\_\_\_\_) \_\_\_\_\_

| <b>FEES and PAYMENT OPTIONS</b><br><i>Pre-payment does not guarantee acceptance</i>               | <b>NON-REFUNDABLE REGISTRATION FEE</b> | <b>BALANCE TO BE PAID BEFORE CAMP</b> | <b>OR</b> | <b>TOTAL FEE PAYMENT WITH REGISTRATION</b> | <b>OTHER PAYMENT OPTIONS:</b>   |
|---|--|---------------------------------------|-----------|--|---|
| <input checked="" type="checkbox"/> Check all that apply  |  |                                       |           |  |   |
| Full Time Staff Child ___boy ___ girl<br>Must work all day, Mon.-Fri. to be considered full time. | \$ 0.00                                | \$ 0.00                               |           | \$ 0.00                                    | <b>-Cookie Credit</b><br><input type="checkbox"/> I have paid the <b>non-refundable</b> registration fee, please apply Cookie Credit to the balance due.    |
| First Girl Scout in family  | \$ 5.00                                | \$                                    |           | \$   | <b>-Financial Assistance</b> is available to all registered Girl Scouts.  |
| Additional Girl Scout in family   | \$ 5.00                                | \$                                    |           | \$   | <input type="checkbox"/> I have paid the <b>non-refundable</b> registration fee and I am interested in financial assistance. Please send me an application. |
| Trained Program Aide  | \$ 5.00                                | -0-                                   |           | \$   |   |
| <b>Special Activities &amp; Fees</b> (see schedule)   |  |                                       |           | \$   |   |
| _____   | \$ 0.00                                | \$                                    |           | \$   |   |
| _____   | \$ 0.00                                | \$                                    |           | \$   |   |
| _____   | \$ 0.00                                | \$                                    |           | \$   |   |
| _____   | \$ 0.00                                | \$                                    |           | \$   |   |
| <b>Bus Location &amp; Fee</b> (see schedule)  |  |                                       |           | \$   |   |
| _____   | \$ 0.00                                | \$6.00/day                            |           | \$   |   |
| <b>TOTAL</b>  | \$                                     | \$                                    |           | \$   |   |

**OTHER PAYMENT OPTIONS:**

**-Cookie Credit**  
 I have paid the **non-refundable** registration fee, please apply Cookie Credit to the balance due.

**-Financial Assistance** is available to all registered Girl Scouts.  
 I have paid the **non-refundable** registration fee and I am interested in financial assistance. Please send me an application.

**For Office Use Only**

Date Rcvd.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amt. Rcvd: \$ \_\_\_\_\_

Rept. #: \_\_\_\_\_

**I HAVE READ** the information concerning Day Camp activities and understand the nature of the program. I have no further questions concerning these activities and give my permission for my daughter to participate in the activities for which she is registered.

**I DO GIVE** or **I DO NOT GIVE** permission for any picture of a Day Camp activity in which my daughter appears to be used by Girl Scouts of Eastern Oklahoma for promotion or display. (Includes print publications and Web use.)

*Required Parent/Guardian Signature*

(Must be in Ink) : \_\_\_\_\_ Date: \_\_\_\_\_

Health History for (name): \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus Shot/DTP series: \_\_\_\_\_ Date of last Health Examination: \_\_\_\_\_

**Illnesses and injuries (check all that apply):**

- Ear infection \_\_\_\_\_
- Hypertension \_\_\_\_\_
- Seizures \_\_\_\_\_
- Asthma \_\_\_\_\_
- Other \_\_\_\_\_
- Bleeding/clotting disorders \_\_\_\_\_
- Musculoskeletal disorders \_\_\_\_\_
- Heart defect/disease \_\_\_\_\_
- Diabetes \_\_\_\_\_

**Other conditions (check all that apply):**

- Bed wetting \_\_\_\_\_
- Constipation \_\_\_\_\_
- Menstrual cramps \_\_\_\_\_
- Motion sickness \_\_\_\_\_
- Nosebleeds \_\_\_\_\_
- Wears glasses/contact lenses \_\_\_\_\_
- Other \_\_\_\_\_
- Emotional disturbances \_\_\_\_\_
- Fainting \_\_\_\_\_
- Hearing impairment \_\_\_\_\_
- Sickle cell trait/disease \_\_\_\_\_
- Sleep disturbances \_\_\_\_\_

**Allergies (check all that apply; specify nature of reaction):**

- Animals \_\_\_\_\_
- Pollen \_\_\_\_\_
- Hayfever \_\_\_\_\_
- Food \_\_\_\_\_
- Plants \_\_\_\_\_
- Insect bites/stings \_\_\_\_\_
- Medicine/drugs \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

**Are there any special physical needs or dietary regimen (such as lactose intolerance, vegetarianism, and religious considerations) that we need to consider?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I know of no reason(s) other than the information given on this form why my daughter should not participate in the activities noted. If my daughter is ill or has been recently exposed to a contagious disease, I understand she will not be permitted to attend camp.** I am aware that a statement from a physician must be completed for my child to keep a specific medication/appliance with her. I hereby give my permission for my daughter to receive first aid care while attending camp. If it should become necessary for her to receive professional medical, surgical or dental treatment, I authorize camp personnel to give the necessary "parental consent" in my stead for a licensed physician, surgeon or dentist to administer treatment they deem necessary, including hospitalization and surgery. I understand that EVERY EFFORT will be made to contact me immediately upon discovery of the emergency. I further understand that I will take full financial responsibility for all expenses, which might be incurred, that are not covered by Girl Scout insurance. This consent is given in advance of any specific diagnosis or treatment being required and is given primarily to encourage camp staff who have temporary custody of my daughter, and the said physician, surgeon or dentist, to exercise their best judgment in situations deemed an emergency as to the requirements of said diagnosis or medical, surgical or dental treatment. *Waiver available upon request if for religious reasons, you are unable to give consent for emergency medical care.*

PARENT/GUARDIAN SIGNATURE (Required): \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERMISSION FOR MEDICATION**

All medications must be given to the Health Supervisor (including over-the-counter or nonprescription drugs). If your child needs medication while attending a Council-sponsored day camp, medication must be in the original, labeled container. The label should be legible and contain the following information: patient's name; physician's name; name of medication; dosage amount and administration; special precautions/instructions, if any; pharmacy name and telephone; prescription number and refill information. Over-the-counter medication must also be in the original container, clearly labeled and marked with the camper's name and dosage instructions.

I am sending the following medication(s) with my child:

**Medication:**

**Directions:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

I hereby give permission for the administration of the following medications if deemed necessary by a qualified first aider, nurse or physician. Dosages will be administered according to directions on the container unless otherwise directed by a physician.

Please ( ) check any medication your child **MAY** be given.

- Acetaminophen
- Ibuprofen
- Antibiotic Ointment
- Chewable Antacid Tablets
- Antihistamine

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Required if camper is to receive any medication while at camp.*