

**Girl Scouts of Greater Atlanta, Inc.  
Service Unit Day Camp Registration Form**

Name of Day Camp:	Date of Birth: _____ Age: _____
Camper Full Name:	Grade is your camper is <b>entering</b> in Fall: _____
Parent/Guardian Full Name:	School: _____
Email address of adult:	
Complete Home Address:	Home Phone: _____
	Cell Phone: _____
	Business Phone: _____
	Troop #: _____

**Girl Scout Grade Level:** Daisy Brownie Junior Cadette Senior Ambassador Non-Girl Scout

**Camp Buddy (one only):** \_\_\_\_\_  
*Camp buddies must request each other and must be the same age or grade.*

**T-shirt size:** Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

- I am currently registered Girl Scout who would like to be a Camp Aide at day camp this summer. I have completed or am registered for Camp Aide Training (CAT). I am mailing this early to receive an application before the beginning of March.
- I am a parent interested in volunteering at day camp. Please contact me with information.
- I am applying for Financial Assistance and have enclosed the Financial Assistance application. I understand I must pay the non-refundable deposit equal to ½ of the camp fee and will be responsible to pay the balance of the fee after Financial Assistance has been applied.
- I am using cookie dough to pay for all or part of my day camp fees.
- I am enclosing full payment.
- I have enclosed the \$20 late fee (for applications postmarked after April 15).
- I have completed both pages of this form – signed the behavior agreement and the health statement.

**Behavior Expectation Agreement**

Camp is a place for you to have fun, improve skills, become more independent, make new friends, develop social skills, and learn from a positive adult role model. To be successful at Girl Scout camp it is important to remember the Girl Scout Promise and live by the Girl Scout Law. All campers and parents are asked to sign the Behavior Expectation Agreement form.

**I will do my best to be:**

**honest and fair,** I agree to follow all camp rules.

**friendly and helpful,** I agree to be a responsible camper and will make every effort to improve our camp community every day.

**considerate and caring,** I agree to participate fully in the camp community by leaving my cell phone and all electronics at home. (MP3, IPOD, CD, DVD Player, PSP, Nintendo, etc.) I understand that GSGATL is not responsible for these items.

**courageous and strong,** I agree to let an adult know about any inappropriate behavior I witness that may be hurtful or harmful to myself or others.

**responsible for what I say and do,** I agree to use appropriate language and behavior. Excessive rowdiness, fighting, sexual harassment, racial remarks, bullying, threatening, inappropriate gestures, or acts of violence or abuse to myself or others is unacceptable; I agree not to bring alcohol, tobacco, controlled substances, illegal drugs, firearms or weapons to camp.

**and to: respect myself and others,** I agree to respect other campers' and staff members' belongings and space. I understand I will ask permission to use other camper's things, and respect the answer given. I also agree to keep my hands to myself.

**respect authority,** I agree to respect the authority of camp staff and follow their directions; I agree to remain with my designated group and staff member at all times.

**use resources wisely,** I agree to respect all property - both man-made and natural resources.

**make the world a better place,** I agree to help other campers and staff keep my unit and camp clean.

**and to be a sister to every Girl Scout.** I agree to do my best to have fun, try new things, make new friends and enjoy my camp experience in the spirit of Girl Scouting.

I understand that failure to comply may result in being prohibited from participating in specific activities, requiring immediate pickup by a parent/guardian, creating a behavior action plan with parent/guardian, or not enjoying all the opportunities camp has to offer. I understand there is no refund for missed camp opportunities or dismissal from camp due to a violation of this agreement.

Both the camper and parent/guardian have read, understand and agree to comply with the Behavior Expectation Agreement while at Girl Scout camp.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Day Camp Health History Record

Camper Full Name:	Date of Birth:
Parent/Guardian Full Name:	Cell Phone:

### In Emergency Notify:

Primary Name:	Relationship:	Phone:
Secondary Name:	Relationship:	Phone:
Family Physician:		Phone:

### Section 1: Health History and Exam

Date of last health exam: _____ Were any complicating medical problems or any conditions requiring monitoring or follow up noted in the last health exam? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain on a separate piece of paper.		
Since the last health exam, has the participant had:	YES	NO
Any injury or medical condition requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>
An illness lasting more than five days?	<input type="checkbox"/>	<input type="checkbox"/>
Any exposure to a contagious disease?	<input type="checkbox"/>	<input type="checkbox"/>
Is participant currently under the care of a health care professional?	<input type="checkbox"/>	<input type="checkbox"/>
Are immunizations up to date*? Date of last tetanus shot: _____	<input type="checkbox"/>	<input type="checkbox"/>
Any restrictions on physical activities?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any YES answers:		

*\*If your child is not immunized for religious or medical reasons please provide a written statement of explanation.*

### Section 2: Chronic or Recurring Illnesses (check those all that apply and explain below)

<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Bleeding/Clotting disorders	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Asthma
<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other
Explanation:			

### Section 3: Allergies\*

Check those that apply and provide details.	
<input type="checkbox"/> Animals	
<input type="checkbox"/> Plants	
<input type="checkbox"/> Bugs/insects	
<input type="checkbox"/> Medicines/drugs	
<input type="checkbox"/> Other	

*\*If your child carries an Epi pen, please request the Anaphylaxis Action Plan form from the day camp.*

### Section 4: Other Health Conditions (check those all that apply and explain below)

<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Emotional disturbances	<input type="checkbox"/> Constipation	<input type="checkbox"/> Fainting
<input type="checkbox"/> Menstrual cramps	<input type="checkbox"/> Motion sickness	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Dietary restrictions	<input type="checkbox"/> Glasses/contact lenses	<input type="checkbox"/> Anemia
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Explanation:			

This health history is complete and accurate. I know of no reason(s), other than information on this form, why my daughter should not participate in prescribed activities except as noted. I understand that this information will remain confidential to the group/program leaders, designated person trained in first aid or emergency personnel as needed. I hereby give person to the adult in charge to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the adult in charge to arrange necessary related transportation for my child.

I have read the camp brochure and understand and agree to cooperate with all regulations. I grant permission for photographs to be taken of my daughter to be used to promote the Girl Scout program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_