girl scouts of wisconsin southeast

Camp iGIRL registration

Please print clearly and use blue or black ink.
Registration accepted up to June 6 or until camp meets capacity.
Register online at CampiGirl.com or mail to:
Girl Scouts of Wisconsin Southeast • P.O. Box 14999 • Milwaukee, WI 53214-0999

Girl's name: _____ School: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Phone: (___)_____ Birthdate: _____ Troop # (if applicable): _____ Grade in fall 2014: _____

Girl Scout Council: ❒ Girl Scouts of Wisconsin Southeast (GSWISE) ❒ Other (please list): _____

Note: Confirmation information will be sent to your email address listed below. Please print clearly.

Email address for confirmation: _____

Buddy Request (Name): _____

First Choice
Focus name: _____

Second Choice
Focus name: _____

T-shirt size: (free)
❒ AS ❒ AM ❒ AL ❒ AXL ❒ AXXL

Session fee	+$	
GSUSA Membership dues for non-Girl Scout ($15)	+$	
Accept my tax-deductible gift to support camp	+$	
	Total fees	**$**
Program Activity Credit (attach) PAC #_____	-$	
Financial Assistance (attach)	-$	
Gift Certificate (attach) #_____	-$	
	Subtract discounts	**-$**
	TOTAL	**=$**
	Amount enclosed	**=$**

Race/Ethnicity (optional, check all that apply)

Race
❒ American Indian or Alaskan Native
❒ Hawaiian or Pacific Islander
❒ White (Caucasian)
❒ African American or Black
❒ Asian

Ethnicity
❒ Hispanic or Latino
❒ Not Hispanic or Latino

I have read the event information and agree that my girl and I will abide by the regulations and procedures stated therein, including those on refund, nonrefundable deposit and health of girl. I understand that I am responsible for getting my girl to and from this event. I give my girl permission to ride the bus, if applicable. I give my girl permission to attend and participate in all phases of this session (except those noted on the Health History form), including off-site trips, if applicable. I give permission for photographs/video of my girl to be taken for GSUSA, GSWISE and American Camp Association publicity and marketing purposes. If my girl is not already a registered Girl Scout, I give my permission for her to register as a member of the Girl Scouts of the USA.

Parent/Guardian
Signature: _____

Date: _____/_____/_____

Enclose full amount which already includes the $50 nonrefundable deposit, or enclose a minimum of $50. Outstanding balances, including gift certificates and Program Activity Credits are due May 12. If you register online or pay by credit/debit card, outstanding balances will be automatically charged no later than May 15. Pay in full if registration is received after May 12. Any additional fees or outstanding balances will be automatically charged 7-10 days prior to camp. For all credit/debit card or check/e-check transactions, bank/credit card statements will show payments processed by Active Network.

Check enclosed payable to GSWISE $
Charge ❒ Visa ❒ MasterCard Exp. date
Account #
Card holder's name (print)
Signature

Over for mandatory health history form

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Camp iGIRL health history

Please print clearly and use blue or black ink.
Register online at *CampiGirl.com* or mail to:
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Girl's name: _____

Session #1: _____ Date of session: _____ Location: _____

Session #2: _____ Date of session: _____ Location: _____

Session #3: _____ Date of session: _____ Location: _____

Mother/Guardian name: _____ Phone #1 : (___)_____ Phone #2 : (___)_____

Father/Guardian name: _____ Phone #1 : (___)_____ Phone #2 : (___)_____

Girl is in custodial care of (check one): ❒ Both ❒ Mother ❒ Father ❒ Other _____

Person(s) authorized to pick up child at camp: _____

Emergency Contacts (besides parent/guardian)

1. Name: _____ Relation: _____
   Phone #1 : (___)_____ Phone #2 : (___)_____
2. Name: _____ Relation: _____
   Phone #1 : (___)_____ Phone #2 : (___)_____

Medical History

Family physician name: _____ Phone #: (___)_____

Are any medications taken on a regular basis? ❒ Yes ❒ No If yes, does this need to be administered at camp? ❒ Yes ❒ No

If yes, explain: _____

Do you have any restrictions or special needs related to physical activity? ❒ Yes ❒ No If yes, explain: _____

The following nonprescription medications are commonly stocked in the camp health center and used on an as needed basis to manage illness and injury. **Cross out any of the following items the camper should NOT be given.**

- Acetaminophen (Tylenol)
- Antibiotic ointment (Neosporin)
- Anti-itch cream or lotion
- Athletes foot ointment or powder
- Aloe or burn gel
- Tums
- Ibuprofen (Advil, Motrin)
- Benadryl
- Eye drops
- Rubbing alcohol
- Hydrogen Peroxide
- Laxative
- Anti-diarrheal
- EpiPen

Immunization Dates (M/D/Y) (Series completed, Year of booster)

"Current" is not acceptable.

Tetanus or DPT _____

Polio _____

MMR _____

Hepatitis B _____

Varicella/HIB _____

Since last health exam:

❒ Exposed to a contagious disease

❒ Had a surgical operation

❒ Had a serious illness

Describe: _____

_____

Check All That Apply

Illnesses	Allergies – include specifics	Others/Special Needs
❒ Heart defect/disease	❒ Animals: _____	❒ Wears contacts/glasses
❒ Musculoskeletal disorders	❒ Insect stings: _____	❒ Fainting
❒ Asthma	❒ Pollen: _____	❒ Ear problem/tubes
❒ Bleeding/Clotting disorder	❒ Latex: _____	❒ Hearing impairment
❒ Seizures	❒ Medicine/Drugs: _____	❒ Emotional behaviors
❒ Diabetes	❒ Nuts: _____	❒ ADD/ADHD (circle one) medicated not medicated
❒ Other: _____	❒ Milk: _____	❒ Sleep disturbances
_____	❒ Food(specify): _____	❒ Menstrual cramps
_____	❒ Other (specify): _____	❒ Nosebleeds
_____	Type & Severity of Reaction: _____	❒ Other: _____
	_____	

Please explain any items that you check. Include any useful information relative to any of these health conditions. _____

_____

I give my permission for my girl to receive necessary health care, prescribed medications and emergency medical treatment. This health history is complete and accurate. I will not allow my girl to attend if she becomes exposed to any contagious disease, or if for any reason, I do not consider her to be in good physical condition. Upon arrival the camp health personnel have the right to refuse to admit anyone to the camp who does not meet the acceptable health conditions e.g. temperature, contagious disease, etc.

Parent/Guardian signature: _____ Date: _____

A health examination with a doctor's signature dated within 24 months prior to camp session is required.
This form will be included in the confirmation information.