COMPLETE AND MAIL TO:
Girl Scouts of Wisconsin Southeast
P.O. Box 14999
Milwaukee, WI 53214-0999

Girl Scouts of Wisconsin Southeast

Volunteer Led Day Camp Registration

Register only one person per form. See camp information for specifics.
Visit www.gswise.org for additional forms. Please check every category

Camper's name: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

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

Troop Leader Name: _____ School: _____

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

Email address for confirmation: _____

Buddy Request (Name) (Check day camp web page for availability.): _____

1. Check Participation (grade in fall)

- ❒ Camper (grades 1-6)
- ❒ PAIT (grade 7)
- ❒ PA (grades 8-9)
- ❒ CIT (grades 10-12)
- ❒ Peewee ❒ M ❒ T ❒ W ❒ Th ❒ F
- ❒ Boy ❒ M ❒ T ❒ W ❒ Th ❒ F

2. Choose Day Camp(s)

KENOSHA AND RACINE CAMPS

- ❒ Trefoil/ Up, Up, & Away Super Girl Day Camp • July 14-18
- ❒ Windy Waters/Mission: Superhero Day Camp • July 28-Aug 1
- ❒ Country Cousins/Superhero Training Day Camp • Aug 4-8
- ❒ Kenosha/ Calling All Supergirls Day Camp • Aug 4-8

WASHINGTON AND WAUKESHA COUNTY CAMPS

- ❒ Lakeland • June 9-13
- ❒ Deer Trails • June 16-20
- ❒ Rising Stars/Meadow Springs • June 16-20
- ❒ Prairie Hill • June 23-27
- ❒ Sunny Trails • July 7-11
- ❒ Enchanted Waters • July 14-18
- ❒ Whispering Willows • July 14-18
- ❒ River Valley • July 21-25
- ❒ Sun Lakes • July 21-25
- ❒ Alpha Moraine • July 28-Aug 1
- ❒ Glacier Hills • July 28-Aug 1
- ❒ Woodland Trails • July 28-Aug 1
- ❒ Arrowhead • Aug 4-8
- ❒ Indian Springs • Aug 11-15
- ❒ Northern Lights • Aug 11-15

5. Choose FREE Camper T-shirt

(Girls entering grades 1-7 only)	Select One
YM (10-12)	
YL (14-16)	
AS	
AM	
AL	
AXL	
AXXL	
AXXXL	

6. Advanced Trading Post (optional)

Additional T-shirt	Price	QTY
YM	$ 10.00	
YL	10.00	
AS	10.00	
AM	10.00	
AL	10.00	
AXL	10.00	
AXXL	12.00	
AXXXL	12.00	
Progression Patch	2.25	
Adult Rain Poncho	3.25	
Youth Rain Poncho	3.25	
Bandana	4.00	

7. 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

8. Camp Fees

Camper fee:	$ _____
Overnight fee (if applicable):	$ _____
Trading Post fees:	$ _____
Donation amount:	$ _____
Accept my tax-deductible gift to support camp.	
GSUSA Membership Dues ($15):	$ _____
(If not currently registered)	
Program Activity Credit (attach) PAC #____:	– $ _____
FINAL TOTAL:	**$** _____

❒ Financial Assistance requested - a completed Financial Assistance form, found at www.gswise.org, and must be received with camp registration form.

3. Choose Overnights
(if applicable)

- ❒ S
- ❒ M
- ❒ T
- ❒ W
- ❒ TH

4. Choose Transportation

	Ride Bus		Private	
List Bus Stop: _____	To	From	To	From
S				
M				
T				
W				
TH				
F				

I have read the camp information and agree that my camper and I will abide by the regulations and procedures stated therein, including those on refund, nonrefundable deposit, and health of camper. I understand that I am responsible for getting my camper to and from this camp or bus stop. I give my camper permission to ride the bus, if applicable. I give my camper 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 camper to be taken for GSUSA, GSWISE, and American Camp Association publicity and marketing purposes. If my camper is not already a registered Girl Scout, I give my permission for them to register as a member of the Girl Scouts of the USA.

Parent/guardian signature: _____ Date: _____

Enclose full amount which already includes the $25 nonrefundable deposit or enclose a minimum of $25 if applying for financial assistance. 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

COMPLETE AND MAIL TO:
Girl Scouts of Wisconsin Southeast
P.O. Box 14999
Milwaukee, WI 53214-0999

Girl Scouts of Wisconsin Southeast

Health History

Please print clearly and use blue or black ink.

For Office Use
Date: _____
Entered: _____

Camper's name: _____

Session #1: _____ Date of session: _____

Session #2: _____ Date of session: _____

Session #3: _____ Date of session: _____

Mother/guardian name: _____ Phone during camp hours: (_____)_____ Phone #2: (_____)_____

Father/guardian name: _____ Phone during camp hours: (_____)_____ Phone #2: (_____)_____

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

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

Emergency Contacts (besides parent/guardian)

1. Name: _____ Relationship: _____

   Phone during camp hours: (_____)_____ Phone #2: (_____)_____

2. Name: _____ Relationship: _____

   Phone during camp hours: (_____)_____ 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 non-prescription 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.**

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

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

Illness	Allergies – include severity	Others or Special Needs
❒ Heart defect/disease	❒ Animals _____	❒ Wears contacts/glasses
❒ Musculoskeletal disorders	❒ Insect stings _____	❒ Fainting
❒ Asthma	❒ Pollen_____	❒ Ear problems/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 camper to receive necessary health care, prescribed medications, and emergency medical treatment. This health history is complete and accurate. I will not allow my camper to attend if they become exposed to any contagious disease, or if for any reason, I do not consider them 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: _____