



# Arrowhead • Cleawox • Whispering Winds Overnight Camp Registration for Adults

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Please submit one registration form and deposit per camper (girls and adults). Forms must be submitted with \$50 nonrefundable deposit and completed *Health History/Release Form*. Final payments are due **three weeks before your camp session**.

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Troop: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell/Home: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell/Home: \_\_\_\_\_

Race/Ethnicity (optional; check all that apply):  Hawaiian/Pacific Islander  Black/African American  White  Hispanic  Asian  
 Native American/Alaskan Native  Other: \_\_\_\_\_

FIRST CHOICE CAMP			
<input type="checkbox"/> Arrowhead <input type="checkbox"/> Cleawox <input type="checkbox"/> Whispering Winds	<b>Program Name (if CORE CAMP, list troop you're attending with):</b>	<b>Tier Price*:</b> \$	<b>Session Dates:</b>

<input type="checkbox"/> SECOND CHOICE CAMP (if first choice is full)		OR	<input type="checkbox"/> ADDITIONAL CAMP REGISTRATION	
<input type="checkbox"/> Arrowhead <input type="checkbox"/> Cleawox <input type="checkbox"/> Whispering Winds	<b>Program Name (if CORE CAMP, list troop you're attending with):</b>		<b>Tier Price*:</b> \$	<b>Session Dates:</b>

**\*Tiered Pricing** keeps camp affordable for all families while also expressing the true cost of resident camp. Tier one reflects the actual cost of camp including staffing, program supplies, food and maintenance costs. Tier two is a partially subsidized fee, and tier three is our fully subsidized fee. Please visit [girlscoutsw.org/overnightcamp](http://girlscoutsw.org/overnightcamp) for more information.

<b>Camper's T-shirt Size</b>	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL <input type="checkbox"/> A3XL <input type="checkbox"/> A4XL <input type="checkbox"/> A5XL
<b>Camper Buddy:</b> Both campers should register at the same time to improve the chance they will be placed together. Buddies must enroll for the same program & session. If registering for Core Camp, please list troop number.	

I understand that the \$50 deposit is not refundable after registration has been confirmed by email notification. Cancellations must be in writing no later than three weeks prior to the start of camp. No refund will be given for requests received after that time. Full payment is due three weeks prior to the start of the camp session. I understand that if the camp is not paid in full by this date I will incur a late fee of \$25. I understand that a completed *Camper Health History/Release Form* must be received in order for GSOSW to process camp registration. I agree to cooperate with all regulations and procedures. I understand that if my camper is not a registered Girl Scout, there is an additional \$25 fee for the current year of Girl Scout membership.

Parent/Guardian Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

<b>PAYMENT AMOUNT:</b> This is the <u>amount</u> you're paying today.	
Minimum deposit:	<input checked="" type="checkbox"/> \$50
Additional camp payment:	<input type="checkbox"/> \$
Annual Membership Dues (required for girls and adults if not already a currently registered member):	<input type="checkbox"/> \$25
<b>Total Enclosed</b>	\$
<b>METHOD OF PAYMENT:</b> This is <u>how</u> you're paying today (amount listed under "Total Enclosed"). If you have a remaining balance you will receive an email with login information for our online registration system where you can pay your remaining balance. Please allow two weeks for your registration to be processed.	
Total cash and check enclosed:	\$
Amount to be charged to <b>credit/debit card</b> :	\$
Name on card _____ Signature _____	
Billing address for the card: <input type="checkbox"/> Same as above	
Address _____	
City _____ State _____ Zip _____	
Card number _____ Exp. Date _____	
Amount to be charged to <b>Cookie/Nut Credit card</b> (keep card until 9/30/19 in case of refund):	\$
Card number _____ Name of cardholder _____	



# Adult Health History/Release Form

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*This form is required for adults to attend overnight camp and **must be submitted with your registration form.** This information will be shared with staff working with you and your camper(s). Thank you for your time and assistance.*

Camper Name		Primary Phone
Address		City, State, ZIP
Emergency Contact:	Home Phone	Cell Phone

Camper Name

Do you carry health insurance? <input type="checkbox"/> No	<input type="checkbox"/> Yes	Insurance Company:
Contact Phone Number	Member number	
Secondary insurance coverage is provided by GSOSW for accident or injury at camp for up to \$15,000		

Camp (AH, CX or WW)

**Health History - Give dates:**

Diseases	Allergies		Chronic/Recurring Illness
Chicken Pox:	Hay Fever:	Food:	Ear Infections:
Measles:	Asthma:	Insect Stings:	Heart Disease:
German Measles:	Drugs:	Other:	Seizures:
Mumps:	Explain any allergy, treatment medications, reaction, etc.		Diabetes:

Session Name

Details of any noted above, or other relevant past medical history: (use additional sheets if necessary)

Sex assigned at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex	Height:	Weight:	Date of Birth:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	What are your pronouns?: <input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs		

**Immunizations**

Are the following immunizations - D.T.P. (Diphtheria, tetanus, whooping cough), Oral Polio, Measles, Mumps, Rubella, Chicken Pox - current?  Yes  No Tetanus Date \_\_\_\_\_ Tuberculin Test (if camper has had one) Result \_\_\_\_\_

Religious, medical or personal exemption from immunization

**Dietary - use additional sheets if necessary**

I am a vegetarian:  Yes  No I have food restrictions:  Yes  No

Can you manage these?  Yes  No

Start Date

Please clarify the level of food allergies, i.e., "lactose intolerant, can't drink milk or eat ice cream but can have cheese and yogurt." Also include last reaction (date) and level of reaction for food allergies (upset stomach, hives, anaphylaxis).



# Adult Health History/Release Form

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**Medical/Medications - Use additional sheets as necessary:**

Please list ALL medications, prescription or non-prescription, taken routinely. All medications need to be in their original containers. All prescription medications need to come to camp with prescription label or doctors note with camper's name, dosage, and other instructions. This includes boxed medications such as inhalers or prescription samples.			
Med #1:	Dosage:	Specific times taken each day:	
Reason for taking:			
Med #2:	Dosage:	Specific times taken each day:	
Reason for taking:			
Specific activities to be restricted/medical regimen:			
Social/mood disorders (specify):			
For us to provide the best experience for you and your camper, please describe any current physical, mental, or psychological conditions, requiring medications, treatment or special restrictions or considerations while at camp. (use additional sheets if necessary)			
We keep certain "as needed" medications at camp so they do not need to be brought to camp unless you use them daily. We keep the following medications available: children's acetaminophen, acetaminophen, children's ibuprofen, ibuprofen, naproxen, cough drops, symptom specific cold medicine liquid or pill, Benadryl Cream, Benadryl liquid/pill, Tums.			
Name of your primary physician		Telephone	
Address	City	State	ZIP

*I verify that this health history is complete and accurate. As the camper who is named and who is voluntarily enrolled as a participant in Girl Scouts of Oregon and Southwest Washington (GSOSW) overnight camp, I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. In case of any emergency, I hereby request and authorize any physician, hospital and/or health care provider to provide medical treatment promptly. To the best of my knowledge all of the provided information is accurate and complete. I will notify GSOSW before camp about any exposure to contagious disease or health conditions that appear after I have submitted this form. I understand that all health related information, including what is disclosed on this form and any attachments, and any health related incidents at camp will be kept confidential by GSOSW.*

*I authorize GSOSW to use photos, videos, images and voice recordings in which I appears for Girl Scout publicity including internet.*       Yes       No

<b>Signature</b>	<b>Date</b>
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Camper Name
Camp (AH, CX or WW)
Session Name
Start Date