



Arrowhead • Cleawox • Whispering Winds Overnight Camp Registration

form #831a • 11/18 • page 1 of 1

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: _____

Camper's School: _____ Grade (Fall 2019): _____

Address: _____ City: _____ State: _____ ZIP: _____

Parent/Guardian 1: _____ Email: _____

Phone: (Home): _____ (Cell): _____

Parent/Guardian 2: _____ Email: _____

Phone: (Home): _____ (Cell): _____

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	Program Name (if CORE CAMP, list troop you're attending with):	Tier Price*: \$	Session Dates:

<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	Program Name (if CORE CAMP, list troop you're attending with):		Tier Price*: \$	Session Dates:

***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 girlscoutsofsw.org/overnightcamp for more information.

Camper's T-shirt Size	<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
Camper Buddy: 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: _____

PAYMENT AMOUNT: 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
Total Enclosed	\$
METHOD OF PAYMENT: 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 credit/debit card :	\$
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 Cookie/Nut Credit card (keep card until 9/30/19 in case of refund):	\$
Card number _____ Name of cardholder _____	



Camper Health History/Release Form

form #830a • 11/18 • page 1 of 2

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

Camper Name		Primary Phone	
Address		City, State, ZIP	
Name of Parent/Guardian 1	Home Phone	Cell Phone	
Name of Parent/Guardian 2	Home Phone	Cell Phone	
Emergency Contact (other than above):	Home Phone	Cell Phone	
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			

Camper Name

Camp (AH, CX or WW)

Camper Release

For the safety of your camper, she will only be released to those listed below. The designated adult will be required to show photo identification and sign, before your camper is released. Please consider carefully who will be responsible for transporting your camper. If there are any changes to this list please contact camp as soon as possible.

Camper is in custodial care of: Both Parents Mother Only Father Only Guardian(s)

Other Person(s) who may pick up your camper:

Name	Phone	Relationship to Girl

Is there anyone whom your camper may not be released to:

Name	Phone	Relationship to Girl

Staff Name _____

Date/Time of pickup	Initials of who checked ID	Print - Who is picking up girl	Please sign here when you pick up your girl

By completing the online form and typing my name below, I verify that this health history is complete and accurate. As the parent/guardian having legal custody of the camper named, who is voluntarily enrolled as a participant in Girl Scouts of Oregon and Southwest Washington (GSOSW) overnight camp, my child has permission to participate in all session activities including off-site activities and related transportation except as noted above. 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 health care provider to provide medical treatment promptly, whether or not I may be contacted and informed. I understand that the deposit is non-refundable after registration has been confirmed. To the best of my knowledge, all of the provided information is accurate and complete. I will notify you 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 health related incidents at camp will be kept confidential by GSOSW.

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

Parent/Guardian Signature	Date
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Parent /Guardian signature is mandatory for your camper to attend.

Session Name

Start Date



Camper Health History/Release Form

form #830a • 11/18 • page 2 of 2

Health History - Give dates:

Diseases	Allergies	Chronic/Recurring Illness
Chicken Pox:	Hay Fever:	Food:
Measles:	Asthma:	Insect Stings:
German Measles:	Drugs:	Other:
Mumps:	Explain any allergy, treatment medications, reaction, etc.	
Ear Infections:		
Heart Disease:		
Seizures:		
Diabetes:		
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 camper's pronouns?: <input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs	

Camper Name

Immunizations

Religious, medical or personal exemption from immunization

Are the following immunizations current?: D.T.P. (Diphtheria, tetanus, whooping cough), Oral Polio, Measles, Mumps, Rubella, Chicken Pox?

All immunizations above are current: Yes No Tetanus Date: _____ Tuberculin Test (if camper has had one) Result: _____

Dietary - use additional sheets if necessary

My camper is vegetarian: Yes No, Has food restrictions: Yes No, Can manage these: Yes No

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):

Camp (AH, CX or WW)

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:		
Can camper manage these restrictions/regimen on her own? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social/mood disorders? (specify)		
Has your child been informed of the menstrual cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child started menstruating? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Problems with cycle?		

Session Name

For us to provide the best experience for your camper, please describe any current physical, mental, or psychological conditions, requiring medications, treatment or special restrictions or considerations while at camp.

Start Date

We keep certain "as needed" medications at camp so they do not need to be sent with your camper. If you would like us to give your camper these medications as symptoms indicate and as directed initial below. Cross out any medications you want withheld.

Initial _____ Children's Acetaminophen, Acetaminophen Children's Ibuprofen, Ibuprofen, Naproxen, Cough Drops, Symptom specific cold medicine liquid or pill, Benadryl Cream, Benadryl liquid/pill, Tums or other, anti-nausea

Name of campers primary physician:	Telephone:
Address:	City/State/ZIP: