

Camper Information

Camper's Name: _____ Date of Birth: _____

Grade in the fall 2012: _____ Camper E-mail (if applicable): _____

Buddy Request (if applicable- not guaranteed): _____

Parent/Guardian Information

Parent/Guardian's Name: _____ Email Address (if applicable): _____

Phone: (home) _____ (cell) _____

(work) _____ (other) _____

Parent/Guardian's Address: _____

Street

City

State/Zip

Is this the camper's primary residence? _____ YES _____ No

Parent/Guardian Information

2 Parent/Guardian's Name: _____ Email Address (if applicable): _____

Phone: (home) _____ (cell) _____

(work) _____ (other) _____

Parent/Guardian's Address: _____

Street

City

State/Zip

Is this the camper's primary residence? _____ YES _____ No

Please send my camper's registration information
And packets to me via (please circle one):

POSTAL MAIL EMAIL

Please circle the service center you belong to (if
applicable):

METRO HEARTLAND CAVELAND

PENNYROYAL BEAR CREEK

If you are from another council please list here:

Please list any severe allergies (peanut, latex etc.) or illnesses, abilities, etc. that will require special or specific attention. This will not affect your camper's placement, it is meant to only better help us serve your child's specific needs:

2012 Summer Camp Registration Form Bus Reservations

Camper's Name: _____

Bus Fees: BUS FEE IS IN ADDITION TO THE REGISTRATION FEE

Camp Pennyroyal: \$70 round trip/\$40 one way Bear Creek: \$90 round trip/\$50 one way C.I.T. and A.C.I.T: \$90

My camper will be riding the bus: (Please circle one) NO YES

(If yes) They will be riding (circle one): ROUND TRIP ONE WAY TO CAMP ONE WAY FROM CAMP

Which Bus Stop (circle one): LOUISVILLE ELIZABETHTOWN BEAVER DAM (Bear Creek only)

Camp Program Registration TIP: List 3 choices to increase your chances for placement.

Choices	Program Name	Dates	Bear Creek or Pennyroyal	Fee
1				
2				
3				

Please add \$12 to Camp Registration Fee if camper is not already a registered Girl Scout

Has the camper attended Bear Creek or Pennyroyal Resident Camp before: Yes NO

I give full permission for my daughter to attend camp and participate in all activities. I have read and understand the camp brochure and agree to cooperate with all payment and registration policies and Girl Scout regulations. I agree that any photographs or video footage taken of my camper at camp may be used in publications, videos or on Girl Scouts of Kentuckiana website (www.gskentuckiana.org) to promote Girl Scout Program. I understand that Girl Scouts of Kentuckiana is not responsible for loss or damage to camper's personal equipment. I hereby hold GSK, Inc. harmless for any injuries or damages sustained to my daughter while in attendance. I understand that the camp director may reassign programs to different living units if special needs or circumstances so dictate. I understand that the phone at camp is for emergency use only and that campers are not able to use the phone. I understand that the camp director has the authority to turn away or send my camper home if she engages in inappropriate or bullying behavior, if she becomes exposed to any contagious diseases, head lice, or if she is considered not to be in good physical condition. In keeping with ACA and Girl Scout Policy, I understand that campers may not swim without a lifeguard, boat without supervision, swim or boat at night, possess or use alcohol or illegal drugs; possess personal sports equipment, or vehicles. I understand that campers who refuse to comply with safety guidelines or behavior expectations may be sent home. If a parent/guardian is not available the emergency contact will be notified. Permission to Treat: In case of illness or injury to my camper, I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medication, to order X-rays, routine tests or treatment; to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me/my camper. In the event I cannot be reached in an emergency, I hereby give permission to the health care provider or physician selected by the camp director to secure and administer treatment, including hospitalization. My camper's health packet may be copied for trips out of camp. Please send your registration form and confirmation deposit (and an additional \$12 if you ARE NOT currently a registered Girl Scout).

If you are signing up for more than one program please fill out a separate registration form.

Parent/Guardian Signature & Date