

Girl Scouts of Michigan Shore to Shore Day Camp Registration Form

Registered Girl Scout Non-Registered Girl Scout (add \$15 registration fee in payment box below)

Troop # _____ or Individual Girl Scout

Grade Level(entering in fall): Daisy Brownie Junior Cadette Senior Ambassador

Michigan Shore to Shore or Other Council: _____

Day Camp Name: _____

Dates: _____ Location: _____

Camper Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Birthdate: _____ Age: _____

School: _____ Grade in fall: _____

Parent Name: (First/Last) _____

Parent Email: _____
(By providing an email address, your Day Camp confirmation packet will be sent electronically)

EMERGENCY CONTACT (if parent/guardian is unavailable)

Name _____ Day/Cell Phone: (_____) _____

Relationship to child _____

T-SHIRT SIZE (if applicable; Y=Youth/A=Adult):

YS YM YL AS AM AL AXL AXXL

FINANCIAL ASSISTANCE

Financial assistance is being requested. An application and \$10 deposit is enclosed.

ALLERGIES / SPECIAL NEEDS

Please list any allergies or physical/behavioral special needs the Day Camp volunteers should be aware of:

We Need Volunteers!

If you are an adult interested in volunteering at one of the council Day Camps, please contact the local Day Camp Director or the Outdoor Pathways Manager Erin Adcock eadcock@gsmists.org

Confirmation Packets:
You will receive a confirmation packet via email or regular mail prior to Day Camp. This packet will include the following required forms and additional permission slips that need to be returned to the Day Camp Director before attending:

- * Health History Form
- * Camper Release
- * Medication Permission

I give permission for my child to attend Day Camp and participate in all activities offered. My child is in good health. I authorize camp volunteers to secure necessary emergency medical care and treatment in case of an emergency if I cannot be reached. I understand that if an emergency does arise, I will be notified as soon as possible. I will not hold Girl Scouts of Michigan Shore to Shore responsible for sickness or accidents incurred in transit or at Day Camp. I give permission for Girl Scouts of Michigan Shore to Shore and/or Girl Scouts of the U.S.A. to use photographs, video, or voice (tape) recordings taken of my child in camp activities for Girl Scout public relations.

Signature of Parent/Guardian Date

Return form with full payment to the Service Center closest to your Day Camp choice

**GSMISTS
Day Camp Registration**

3275 Walker Avenue NW
Grand Rapids, MI 49544

1217 E. River Road
Muskegon, MI 49445

1820 Oak Hollow Drive
Traverse City, MI 49686

Full payment is due with registration form, unless applying for financial assistance.

Payment Information:

Check / M.O. (payable to GSMISTS) \$ _____

Cash (walk-in registration only) \$ _____

Credit card (provide details below) \$ _____

Cookie Incentives \$ _____

Financial Assistance \$ _____ (attach application and \$10 deposit)

\$15 Girl Scout registration fee \$ _____ (if applicable)

TOTAL AMOUNT ENCLOSED: \$ _____

FOR CREDIT CARD PAYMENT, COMPLETE THE FOLLOWING:

Visa MasterCard

Card # _____ - _____ - _____ - _____ Exp. Date ____/____

Name on card: _____ Signature: _____