

Crosstrails Day Camp Girl Registration Form

WILD, WILD WEST

at the



1. Please only one camper or Program Aide per form.
2. All information must be completed, including signatures and proper fees. Incomplete forms and/or forms without proper fees will not be accepted.
3. Checks are to be made payable to **Crosstrails Day Camp**. (Please **DO NOT** staple checks to forms)
4. Minimum 50 girl scouts, maximum numbers of Girl Scouts is dependent on number of adult volunteers to comply with Safety-Wise ratios.
5. Mail registrations with fees to
Nicole Geithmann 3310 Oakway Dr Toledo, OH 43614
6. Questions? Call Robin Moharter Camp, Director 419-491-8755

Camper/Program Aides Information

June 28 - July 2, 2010 from 9a - 3p

Registration Deadline June 9, 2010

Name _____

Mailing Address _____

City/State/Zip _____ County _____

Home Phone (_____) _____ Parent's E-mail _____

(so we can send you confirmation that registration was received)

Grade in Fall 2010 _____ Age on first day of camp _____ Birthday _____

Current Girl Scout? _____ Yes Troop # _____ School _____

_____ No (add \$12 membership dues and complete Membership Form) School _____

Out-of-Council Member from _____ (council name)

FOR PROGRAM AIDES ONLY: P.A. Training Completion Date _____

Special Accommodations/Needs/Medications _____

If possible, my daughter would like to be in the same unit with _____

T-Shirt Size (circle one) Youth: S (6-8) M (10-12) Adult: S M L XL XXL
Name of **ONE** camp friend Units will be based on grade & Girl Scout Level

My daughter is under the custodial care of - please check

_____ Mother/Guardian Name _____

Phone: Day (_____) _____ Evening (_____) _____ Cell (_____) _____

_____ Father/Guardian Name _____

Phone: Day (_____) _____ Evening (_____) _____ Cell (_____) _____

In case of emergency and parent/guardian is not available, you may contact:

1. Name _____ Relationship to Camper _____

2. Phone: Day (_____) _____ Evening (_____) _____ Cell (_____) _____

Fee Payment

Amount Enclosed: Payment in full must be submitted with form. Make checks payable to **Cross Trails Day Camp**.

\$ _____ Cash/Check/Money Order check # _____

\$ _____ Cookie Dough

\$ _____ Total fees submitted

FEES:
\$60 Camper
\$72 Camper (not registered with GSUSA)
\$10 Program Aides

_____ My parent, _____, is going to be an adult volunteer for the entire week so I will be sponsored with no fees.

Statement of Consent

Parent/Guardian: Please read carefully and sign below.

- I have read this camp information. I understand it and agree to cooperate with the guidelines listed. Enclosed is a payment, which will be applied toward the total camp fee. I understand this is non-refundable if my camper is placed in the camp session.
- I will not allow my camper to attend if she becomes exposed to any contagious disease or if for any reason I do not consider her to be in good physical condition.
- I also understand that my camper must have written permission to leave camp early or with someone other than a parent/guardian or prearranged bus transportation. I give permission for my camper to attend camp and participate fully in all phases of the activities, including off-site hikes and outings within 20 miles of camp, except for those activities I have listed on this form.
- If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to give emergency treatment to my child.
- I grant permission and consent for my camper and myself to participate in all photographs, videotapes, likeness of image or interview to be published and used to illustrate, promote and advertise the camp of Girl Scouts. Use of any such photography, videotapes, or interviews may include, but is not limited to use on internet web sites promoting the camp or Girl Scouts. (Girl Scouts of Western Ohio follow established guidelines to protect girls' safety on the internet.)

Parent/Guardian Signature _____ Date _____

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