

2010-2011 Individual Girl Registration

Complete all applicable sections. Please print neatly. Make copies as needed.

Girl's name _____ Registered Girl Scout? Yes No

Address _____ City _____ Zip _____

Parent/guardian name _____

Parent/guardian phone #s: Day _____ Evening _____ Cell _____

E-mail _____

Address (if different from girl's) _____ City _____ Zip _____

Emergency contact name _____ **Relationship** _____

Phone #s: Day _____ Evening _____ Cell _____

E-mail _____

Address (if different from girl's) _____ City _____ Zip _____

Girl's T-shirt Size (circle one) _____ Child: S M L Adult: S M L XL XXL Girl's shoe size _____

Not all events and/or camp sessions include a t-shirt or shoes.

My child has my permission to participate in the events listed below. Photos in which my child appears may be used for promotional purposes. I understand that I am responsible for arranging transportation to and from the event(s) location unless otherwise specified. I understand the insurance carried by the Girl Scouts is accident coverage. As provided by the State of Nebraska, I authorize the adult in charge to obtain necessary medical treatment for my child, and I give my permission to any physician to do so.

Special needs or health conditions (including medication needed during program):

If there are none, please circle none.

NONE

My child may be given: Aspirin _____ Tylenol _____ Ibuprofen _____ Other _____ Dosage Allowed _____

Signature of Parent/Guardian _____

| Name of Program | Program Date | Program Time | Cost per Girl | Number of Adults | Cost per Adult | Subtotal |
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Please add \$12 for Girl Scout membership registration, if not currently a member

TOTAL DUE

Payment Method: Cash Check Visa MasterCard Discover Am. Ex.

Card # _____ Exp. date ____ / ____ Amount to be charged _____

Name on card _____ Signature _____

If registering via fax, credit card payment is required.

Mail, fax or bring this form and payment (payable to Girl Scouts Spirit of Nebraska) to the service center nearest you.