

GIRL SCOUTS OF EASTERN IOWA & WESTERN ILLINOIS, INC.
PROGRAM EVENT REGISTRATION FORM FOR INDIVIDUAL GIRLS

Use this form when registering for a program event independent of a group or as a new member. Registrations are accepted through the deadline listed in the event information. Payment for all participants must accompany the registration form. By submitting this registration form and payment, you acknowledge that you have read, understand, and will abide by the council's policies and procedures regarding program events, including those listed in the Program Event Registration Information.

GIRL PARTICIPANT CONTACT INFORMATION

Girl's Name _____ Day Phone # (____) _____ Evening Phone # (____) _____
 Address _____ City _____ State _____ Zip _____
 Girl's E-mail Address _____ Confirmation sent via e-mail. Yes No
 Grade Level (circle) K-1 1-3 4-6 7-9 10-12 Juliette Girl Scout: Yes No—List troop # _____
 Service Unit # _____
 Dietary Restrictions, Medications, Health Concerns, or Other Special Needs _____

ADULT CHAPERONE INFORMATION

Name(s) of Accompanying Adult(s) _____
 Dietary Restrictions, Medications, Health Concerns, or Other Special Needs _____

REGISTRATION INFORMATION

Event Name _____ Event Code/Session # _____ Date _____

My daughter, _____, has my permission to participate in the event listed above on the date and time listed above. She is in good physical health and has not had any serious illnesses or operations since her last health examination. She has received all necessary immunizations and vaccinations.

- During this event, I can be reached at: Address _____ City _____ Phone # (____) _____
- If I cannot be reached in the event of emergency, the following person is authorized to act in my behalf:
 Name _____ Relationship _____ Phone # (____) _____
- Physician's Name _____ Address _____ Phone # (____) _____
 Family Medical/Hospital Insurance _____ Policy/Group # _____

I have read the event information and agree that the registrant and I will abide by the policies and procedures stated therein. I give permission for the registrant to attend and participate in all phases of activities (except those noted above) including off-site travel when it is part of the program. I understand that if the registrant is found using tobacco, drugs, or alcohol or is behaving in a manner which is dangerous to herself or event participants, she will be sent home at her parents'/guardians' expense.

I give my permission for the adult in charge of the event to take the registrant to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I consent to treatment for the registrant under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I will not allow the registrant to attend if she has been exposed to any contagious disease or if, for any reason, I do not consider her to be in good physical condition.

New Member: **No** **Yes**—I acknowledge that the registrant will make the Girl Scout Promise and abide by the Girl Scout Law. The registrant has my permission to join Girl Scouts. I understand that when participating in Girl Scout activities the registrant may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout council or Girl Scouts of the USA. I acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA. In addition to the event fee, I have enclosed \$12 for annual membership dues (October 1 – September 30). Yes No—I have enclosed a completed Grants for Membership Dues form (available at www.GSEIWI.org.)

Signature of Parent/Guardian _____ Date _____

PAYMENT INFORMATION

	# Attending	Price/Person	Sub-Total
Girls		x \$	= \$
Adults		x \$	= \$
Patches **		x \$	= \$
TOTAL AMOUNT DUE			= \$

** When included in the event fee, official Girl Scout awards or other recognitions (such as event participation patches), will be given only to girl participants who are actually in attendance at the event. Adult chaperones may purchase additional event participation patches, if available.

Payment Method	Amount	
Grants/Fin. Asst. Requested—Form(s) enclosed	\$	
Program Credit Requested/Enclosed	+ \$	
Cash Enclosed	+ \$	
Check(s)/Money Order(s) Enclosed	+ \$	
Credit Card Circle one: Am Ex Dscvr MstrCrd Visa # _____ - _____ - _____ - _____ V-Code _____ Exp. Date ____/____ Signature _____	+ \$	
TOTAL AMOUNT ENCLOSED		= \$