

REGISTRATION FORM

RESIDENT CAMPS & SPECIAL PROGRAMS – Troops & Families

Girl Scouts of North-Central Alabama – Summer Camp 2009

MAIL REGISTRATIONS TO:

ATTENTION: Camp Registrar
Girl Scouts of North-Central Alabama
105 Heatherbrooke Park Drive
Birmingham, AL 35242-8008
FAX: (205) 980-4753

CAMPER INFORMATION:

Name _____ Nickname _____
Last First Middle initial

Address _____ City _____ State _____ ZIP _____

County _____ Date of birth _____ Age _____ Entering grade in Fall 2009 _____

Have you ever been to one of our summer camps before? Yes No Where? _____

Are you a registered Girl Scout? Yes No Troop # _____ Troop level _____

Have you ever been a registered Girl Scout? Yes No Special Programs: _____ # of males _____ # of females

I wish to be placed with (cabinmate preference) _____

How did you hear about our camps? Friend Newspaper School Magazine Girl Scouts

PARENT/GUARDIAN INFORMATION:

Name _____ Relationship _____

Phone (home) ____ (____) _____ (work) ____ (____) _____

Email address _____

PROGRAM CHOICE:

Complete a **separate** registration form for **each** Resident Camp or Special Program your child wishes to attend.

Dates _____

Camp Location _____

Program Name _____

Program # _____ Fee _____

RETURN PACKETS:

Return Packets may be found at www.girlscoutsnca.org. They contain check-in times, what to bring to camp, and health forms.

Please check here if you would prefer to have the Return Packet mailed to you by USPS.

DEPOSITS & NON-MEMBER FEES:

Type of Camp	Deposit Amount	Non-member/ Insurance Fee
Resident Camp	\$100 per session	\$10
Special Programs – Troops & Families	\$20 per participant	\$10

RESIDENT CAMPS & LOCATIONS:

Camp Anderel – Rogersville
Camp Coleman – Trussville
Camp Cottaquilla – Anniston
Kanawahala Program Center (KPC) – Chelsea
Camp Trico – Guntersville

FOR MORE INFORMATION:

(205) 980-4750 or (800) 734-4541 ext. 128
www.girlscoutsnca.org

PROGRAM COSTS:

Cost of Resident Camp or Special Program	\$ _____
Non-member/Insurance Fee (\$10)	\$ _____
Trading Post (minimum \$15)	\$ _____
Total Cost	\$ _____
Deposit Amount (see chart, below left)	– \$ _____
Balance Due*	= \$ _____

* If balance due is not received by three (3) weeks before the session begins, space may no longer be available for your child. A late fee of \$25 will be charged if space is available. No monies will be accepted on mornings of check-in.

PAYMENT METHOD:

Make checks payable to Girl Scouts of North-Central Alabama.

Check Money Order Cash (do not mail)

To pay by credit card:

MasterCard VISA Discover American Express

Account # _____

Expiration date _____

Signature _____

Valid only with full signature

Mail registrations to:

ATTENTION: Camp Registrar
Girl Scouts of North-Central Alabama
105 Heatherbrooke Park Drive
Birmingham, AL 35242-8008
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► Back of registration form must also be completed.

Current Health & Camper Information

Please complete the following information.

Are there any special problems that may confront your child at camp (homesickness, sleep walking, bed wetting, anxiety, moodiness, etc.)?

Are there any special conditions, health concerns, allergies, or dietary restrictions? Please describe in detail.

Does your child routinely take any prescription or non-prescription medication? Yes No If so, list.

What, if any, prescription or over-the-counter medications are you planning to send?

Parental Permission

Please read carefully and SIGN AT BOTTOM of form.

In the event of illness, injury, or emergency, and I cannot be reached, I authorize the following person to act on my behalf:

Name _____ Relationship _____

Phone (home) ____ (_____) _____ (work) ____ (_____) _____

My child is under the custodial care of: Both parents Mother only Father only Others _____

The following person(s) is AUTHORIZED to pick my child up from camp:

Name _____ Relationship _____

The following person(s) is FORBIDDEN to pick my child up from camp:

Name _____ Relationship _____

My child has permission to participate in all phases of camp activity and trips from camp. He/she may be photographed or videotaped and you may use his/her picture/image for publicity purposes. I have read the camp brochure and agree to abide by all regulations and procedures. Enclosed is the registration deposit, which I understand is non-refundable.

I understand that membership in Girl Scouts of the USA is automatic for girls who are non-members when I pay the additional \$10 fee with my registration deposit.

In addition, I give full permission for EMERGENCY MEDICAL TREATMENT and/or anesthesia to be administered by qualified personnel as deemed necessary by the camp health supervisor or the camp director. I also grant permission for medications to be given as stated on the health examination card or directed by me.

Parent/Guardian Signature _____ Date _____

▶ **Registration deposit must accompany this application.**

▶ **If registration is less than three (3) weeks prior to camp session, payment in full is required with registration.**

REGISTRATION FORM

DAY CAMPS

Girl Scouts of North-Central Alabama – Summer Camp 2009

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Girl Scouts of North-Central Alabama
105 Heatherbrooke Park Drive
Birmingham, AL 35242-8008
FAX: (205) 980-4753

CAMPER INFORMATION:

Name _____ Nickname _____
Last First Middle initial
Address _____ City _____ State _____ ZIP _____
County _____ Date of birth _____ Age _____ Entering grade in Fall 2009 _____
Have you ever been to one of our summer camps before? Yes No Where? _____
Are you a registered Girl Scout? Yes No Troop # _____ Troop level _____
Have you ever been a registered Girl Scout? Yes No Gender: Female Male
How did you hear about our camps? Friend Newspaper School Magazine Girl Scouts

PARENT/GUARDIAN INFORMATION:

Name _____ Relationship _____
Phone (home) ____ (____) _____ (work) ____ (____) _____
Email address _____

DAY CAMP PROGRAM CHOICE:

Dates	Camp	Program #	Fee
May 26-29			
June 1-5			
June 8-12			
June 15-19			
June 22-26			
June 29-July 3			
July 6-10			
July 13-17			
July 20-24			
July 27-31			
Total Day Camp Fees			

RETURN PACKETS:

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DAY CAMPS & LOCATIONS:

- Camp Coleman – Trussville
- Camp Cottaquilla – Anniston
- Kanawahala Program Center (KPC) – Chelsea
- Camp Trico – Guntersville

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www.girlscoutsnca.org

PROGRAM COSTS:

Cost of Day Camp(s) \$ _____
Non-member/Insurance Fee (\$10) \$ _____
Trading Post (minimum \$15) \$ _____
Total Cost \$ _____
Deposit Amount (\$20 per week) – \$ _____
Balance Due* = \$ _____

* If balance due is not received by Wednesday of the week before the session begins, space may no longer be available for your child.

PAYMENT METHOD:

Make checks payable to Girl Scouts of North-Central Alabama.

Check Money Order Cash (do not mail)

To pay by credit card:

MasterCard VISA Discover American Express

Account # _____

Expiration date _____

Signature _____

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Parent/Guardian Signature _____ Date _____

▶ **Registration deposit must accompany this application.**

▶ **If registration is less than three (3) weeks prior to camp session, payment in full is required with registration.**