



Girl Scouts—Dakota Horizons
1002 43rd St S, Fargo, ND 58103
701.293.7915 or 877.904.8168 Fax 701.293.7962
Attn: Program Registrar

Summer Event/Learning Registration Form

Mail registration form and payment, one payment or check per registration from, or fax with credit card payment to 701.293.7962. Registration must be received into Program Registrar office in Fargo, ND by event registration deadline. A separate form is needed for each event and each participant.

PARTICIPANT INFORMATION

Participating as (check one): [ ] Girl [ ] Adult

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Check T-Shirt Size (not included in all programs): [ ] YS [ ] YM [ ] YL [ ] AS [ ] AM [ ] AL [ ] AXL [ ] AXXL

Troop Number: \_\_\_\_\_ Grade during 2016/2017 school year: \_\_\_\_\_

Special Needs (dietary, activity restrictions, etc.):

[ ] I give my consent to survey my daughter regarding her experience at this event. \_\_\_\_\_ Parent Initials

EMERGENCY CONTACT

Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

ADULT CONTACT — may leave this section blank if registering adult participant above

The adult listed below will receive confirmation following the registration closing date and any updated information as needed.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

EVENT/LEARNING INFORMATION

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_ Event Code: \_\_\_\_\_

Table with 2 columns: Fee/Amount and Dollar amount. Rows include Girl Fee, Additional Non-Member Girl Fee (+\$20.00), Adult Fee, Subtract Early Registration Discount, Subtract Attached Dakota Certificates, Subtract Requested Financial Assistance, Amount Due, Total Enclosed, Outstanding Balance.

Method of Payment (check one)
[ ] Troop Check Number
[ ] Personal Check Number
[ ] Money Order Number

Credit Card Payment (check one)
[ ] Visa [ ] Master Card [ ] Discover
For Credit Card payment complete information below.

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_
Name As Shown On Card: \_\_\_\_\_ Amount to Charge: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please return completed form to:
Girl Scouts—Dakota Horizons
1101 S Marion Road, Sioux Falls, SD 57106
605.336.2978 or 800.666.2141 Fax 605.336.6841
www.gsdakotahorizons.org

Health and Permission Card

Completed by parent/guardian and reviewed with physician at time of examination.

Name (Last, First, Initial) Parent or Guardian Date of Birth

Age Address City State Zip Code

(Area Code) Phone Cell Phone E-mail Address

Emergency Contact Emergency Phone Troop #

Health History (check those that apply)

Allergies (Specify)

- Animals
Foods
Hay Fever
Insect Stings
Medicine/Drugs (list)
Carries Epi-pen? For
Plants
Pollen

Chronic or Recurring Illness

- Ear Infections
Heart Defect/Diseases
Seizures
Bleeding/Clotting Disorders
Asthma
Hypertension
Diabetes
Musculoskeletal Disorder
Other (Specify)

Other Health Conditions

- Bed Wetting
Constipation
Menstrual Cramps
Motion Sickness
Nosebleeds
Sleep Disturbances
Emotional Disturbances
Fainting
Hearing Impairment
Sickle Cell Trait or Disease
Special Dietary Needs
Wears Glasses or Contact Lenses
Other (Specify)

Year of last tetanus booster

Is applicant's immunization record up to date? YES NO

Date of last health examination

List daily medications

Please explain any items that are checked above. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be restricted.

Box containing fields for Doctor, Preferred Hospital, Insurance Provider, and Policy Number.

PARENT/GUARDIAN AUTHORIZATION: This health history is complete and accurate, and the person herein described has my permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician named above, or if not available, to the physician selected by the adult in charge, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. Please update and sign annually.

DATE PARENT/GUARDIAN SIGNATURE

DATE PARENT/GUARDIAN SIGNATURE

# Parent or Guardian Permission for Participation in Girl Scout Activities

**HOLD HARMLESS AGREEMENT:** I hereby release and hold harmless Girl Scouts–Dakota Horizons from any and all claims or liability arising from, out of or associated with my child’s participation in the activity(s) listed on this card. My signature should be placed next to each event on this form evidencing my release of the council, its agents and employees as to that specific activity.

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Group/Troop’s Volunteer Name \_\_\_\_\_ Group/Troop Number \_\_\_\_\_

Group/Troop’s Volunteer Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

My daughter has permission to participate in the Girl Scout activity listed below. I will make sure she does not attend if she is not feeling well.

Activity	Date	Place	Cost
1.			

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

2.			
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

3.			
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

4.			
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

5.			
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

6.			
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

7.			
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

8.			
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

9.			
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

10.			
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Emergency Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_



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## Pick Up Form

Please list the person, or possible persons, who will be picking up your daughter from Girl Scout Camp. Camp staff will be referencing this list during check out procedures. Adults will be required to show ID when picking up a camper.

Name: _____	Phone Number: _____
Address: _____	
Relationship to girl: _____	

Name: _____	Phone Number: _____
Address: _____	
Relationship to girl: _____	

The people listed above have my permission to pick up my daughter, \_\_\_\_\_ ,  
from Girl Scout Camp.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Name: \_\_\_\_\_