



# SEGONKU DAY CAMP CAMPER REGISTRATION FORM

A fully completed registration packet must include: 1) Signed Camper Registration, 2) Completed Health Form, 3) Camper Release, 4) Behavior Agreement 5) Medication Permission, 6) Camp Payment, 3) LIT / PA Application (If applicable). Please send all to the Segonku Camp Registrar listed at [www.campsegonku.org](http://www.campsegonku.org) on the Register Tab. A completed registration packet does not guarantee camper placement. Please **DO NOT** mail Segonku Day Camp Registrations to the Girl Scout Council Office. Registrations / payments is not transferable.

CAMPER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ Buddy Name \_\_\_\_\_

### CAMPER INFORMATION:

Membership ID# (if known) \_\_\_\_\_ Troop # \_\_\_\_\_  
Age \_\_\_\_\_ Grade next fall \_\_\_\_\_ DOB \_\_\_\_\_  
School next fall \_\_\_\_\_

### CHECK ALL THAT APPLY TO CHILD:

- Daisy (Kindergarten /1)  Brownie (2 /3)  Junior (4 /5)
- LiA (6)  PAIT  PA  VIT (12)
- Child of Camp Volunteer  Boys  Widgets (2-4 yrs)

T-SHIRT SIZE :  YS (6-8)  (10-12)  YL (14-16)  
 AS  AM  AL  AXL  AXXL

### PARENT/GUARDIAN #1 (that lives with camper/same address)

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

### PARENT/GUARDIAN #2

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

### EMERGENCY CONTACT (other than Parent/Guardian #1 or #2)

Name/Relation to camper \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### MEMBERSHIP

- My daughter is a registered Girl Scout. I will pay the Camp Fee only.
- Please register my daughter as a Girl Scout. I will pay Girl Scout Day Camp Fee + \$25.00 membership dues. This will register her as a Girl Scout through September 30 of this year.

Acceptance and participation in summer programs is the same for everyone without regard to race, color or national origin. As an equal opportunity organization, Girl Scouts is dedicated to diversity and fully supports the right of equal access for girl and adult members with disabilities. Girl Scouts - Columbia River Council makes every reasonable effort to ensure this access

We encourage you to voluntarily provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA for statistical purposes only and to help improve outreach efforts and advance the Girl Scout Movement.

The registrant's racial background is (please check as many as apply)

- American Indian or Alaskan Native  Asian
- Black or African American  White

Hawaiian or Pacific Islander

Other. Please specify \_\_\_\_\_

The registrant's ethnic background is (please check one)

- Hispanic or Latina  Not Hispanic or Latina

### PARENT/GUARDIAN PERMISSION

As a legal guardian I give permission for the registrant to participate in all phases of camp activities and off-site trips. I understand and agree to cooperate with all regulations. I will not allow registrant to attend if not in good physical condition. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measure deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian.

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 and fund raising materials, news releases and other published formats, and will be the sole property of Girl Scouts Columbia River Council, its assigns or successors, or Girl Scouts of the USA.

- May NOT be photographed for Girl Scout publicity purposes
- May NOT participate in \_\_\_\_\_  
(e.g., active sports, swimming)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM CANNOT BE PROCESSED WITHOUT THE SIGNATURE OF A PARENT OR GUARDIAN.**