

girl scouts
of western ohio



SUMMER DAY CAMP

July 17-19, 2017
12:00-5:00PM

Hancock County
Fairgrounds
1017 E. Sandusky St.
Findlay, OH 45840



Registration

\$15

Financial

**Register
today!
Space is
Limited!**



For girls in grades K-5,
who are not currently
registered Girl Scouts.



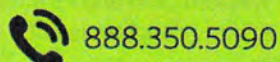
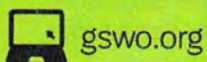
Make the Most Out of Summer

Girls will have fun through crafts, games, and more while you're at work!

Three ways to register:

1. Mail registration form to Girl Scouts, 2244 Collingwood Blvd., Toledo, OH 43620—**By July 14, 2017**
2. Email registration form to JoshuaAnderson@gsw.org
3. Call Joshua Anderson at 567.225.3560 or Rachel Wells at 567.225.3533

01-4784-01/2017



For more information, contact Joshua Anderson at 567.225.3560 joshuaanderson@gsw.org
or Rachel Wells at 567.225.3533 rachelwells@gsw.org



Summer Day Camp Registration Form 2017

Troop/Group #: _____ Service Unit #: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Grade: _____ Birthdate: _____ Check here if you don't have email

I wish to opt in: Text Email

Racial Background: American Indian or Alaskan Native Asian
 Black or African American Hawaiian or Pacific Islander White Other

Ethnic Background: Hispanic or Latina Not Hispanic or Latina

Parent/Caregiver Name: _____

Emergency Contact Name: _____ Phone: _____

Yes, I would like to volunteer to be: A Troop Leader A Troop Assistant An Adult Member

Payment: Cash Check enclosed (payable to Girl Scouts of Western Ohio) or charge credit card:
 Visa MasterCard AmEx Discover Financial Assistance

Card Number: _____ Expiration Date: _____ Security Code: _____

Signature on Card: _____ Billing Zip Code: _____

Financial Assistance may be available for girls who want to attend but are unable to do so because of limited family income. Applicants are encouraged to pay some portion of the fee. Please complete the line below.

Family can pay \$ _____ Financial assistance requested \$ _____ Total \$15

Permission and Health History

List any medical conditions or allergies requiring treatment, medication, or special needs: _____

Family Physician Name: _____ Phone: _____

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed event activities except as noted.

Authorization for Treatment: In the event that I cannot be reached in an emergency, I hereby grant permission to the physician selected by the event personnel to secure treatment, including hospitalization, for the patient.

I understand the nature of the activities in which my child is going to participate and give my permission for my child to:
1) engage in all program activities as planned by the Girl Scouts of Western Ohio and its affiliates, 2) for the Girl Scouts and/or its affiliates to use her picture(s) or video recording(s) and 3) if my daughter is not a registered Girl Scout I am willing to have my daughter become a registered Girl Scout member.

Parent/Caregiver Signature: _____ Date: _____