



Girl Scouts of Western Washington Volunteer-Led Day Camp Registration

CAMPER'S NAME _____

Please indicate type of camper: Girl Scout K-12 Program Aide Adult Volunteer Boy (volunteer's son) Volunteer's preschooler

Name of Day/Twilight Camp _____
send registration form and payment to local camp registrar – address is with camp description on flyer or website

Parent/Guardian _____ Address _____

City _____ State _____ County _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Mobile Phone (____) _____

Email _____ This is her first year at this camp: yes no

Date of Birth _____ Age _____ School Grade (entering in Fall) _____

Buddy (optional – both girls must request each other) _____

T-shirt Size: My camper wears size: (select one) **Youth:** S - L _____ **Adult:** S - XXXL _____

Name of Person(s) other than Parent/Guardian to notify in case of emergency should we be unable to reach you:

Name _____ Phone _____ Relationship _____

Are there any special needs we should consider when placing your child in a camp unit? (e.g. severe allergies or other health or behavioral related concerns) _____

Please contact me about volunteering at camp!

GIRL SCOUT MEMBERSHIP:

Girl Scouts of Western Washington requires that all of our campers are currently registered members of Girl Scouts. If your camper is not currently a member of Girl Scouts, a \$25 membership fee is required with registration.

Camper is currently a registered Girl Scout - Troop Number _____ Service Unit Number _____

Camper is not currently a registered Girl Scout – please proceed to girlscoutsww.org to complete membership 2021. Follow the instruction under how to join and select unsure.

PAYMENT INFORMATION

Check or money order enclosed: Amount \$ _____

Cookie Rewards: Amount \$ _____ Cookie Rewards Card # _____

Cookie Dough Exp Date: _____ CCV # _____

Financial Assistance – complete on-line application at girlscoutsww.org

FINANCIAL ASSISTANCE

Establish your camper's FA eligibility by submitting the FA Application online at www.GirlScoutsWW.org/FinancialAssistance if you have not already done so since October 1, 2020. There is no need to submit a separate Camp Grant request. Once your camper has qualified for FA and is registered for camp, a Camp Grant will be automatically applied to your camper's outstanding balance.

Questions: visit our website or contact Customer Care at (800) 541-9852 or CustomerCare@GirlScoutsWW.org

CONSENT OF PARENT/GUARDIAN

As parent/guardian having legal custody of the camper named above, who is voluntarily enrolled as a participant in the Girl Scouts of Western Washington Community Day/Twilight Camp program, I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for her to attend camp and participate in all phases of the program including off-site activities and related transportation.

I understand that her good health is required before she can attend camp. As the parent/guardian of the above child, I give permission for the above child to be photographed and/or audio/video taped during this event and for the images/recordings to be published, reproduced or distributed by Girl Scouts and its affiliates in all outlets, including but not limited to television, newspapers, internet, council publications, recruitment materials and ads without liability or limitation or claims on my or my minor's part. I have read the statements above. I understand the information and agree to allow my daughter/ward to participate in camp.

X _____ Date _____
Parent/Guardian Signature

Remember to complete and sign both sides of this form!

**Girl Scouts of Western Washington
Girl or Adult Health History Record**

This health history is to be completed & signed by parent/ guardian of camper or by adult members for themselves.

Name (camper adult): _____ Date of Birth: _____ Age: _____

Address: _____ Troop No. _____

Parent/Guardian: _____ Day phone () _____

Address: _____ Eve Phone () _____

Doctor's name: _____ Dr. Phone () _____

Emergency Contact: _____ Phone () _____

Part 1: Illnesses & injuries (check those that apply & give approximate dates)
 Chronic or Recurring Illness:
 Ear infection Bleeding/clotting disorders Hypertension Asthma Heart defect/disease
 Musculoskeletal disorders Seizures Diabetes Other _____

Date of last health examination: _____ Is participant under a doctor/psychologist's care now? Yes No

Were any complicating medical problems noted in the last health exam? Yes No

Since last health exam, has participant had:
 A serious injury requiring medical attention? Yes No An illness lasting more than five days? Yes No
 Any prescribed or over the counter medications? Yes No A surgical procedure or fracture? Yes No
 Treatment in a hospital or emergency room? Yes No Any exposure to a contagious disease? Yes No
 Any restrictions concerning physical activity? Yes No

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN, INCLUDING DATES:

Part 2: Allergies (Check those that apply & specify nature of allergic reaction)
 Animals _____ Hay fever _____
 Pollen _____ Food _____
 Meds/drugs _____ Insect stings _____
 Plants _____ Other(specify) _____

Part 3: Other health conditions (Check those that apply)
 Bedwetting Emotional disturbances
 Constipation Fainting
 Menstrual cramps Hearing impairment
 Motion sickness Sickle cell trait or disease
 Nosebleeds Special diet regime
 Sleep disturbances Wear glasses or contact lens
 Other (Please specify) _____

Part 4: Immunization history (best estimate):

Immunization	Year primary series completed	Year of the last booster
D.P.T.	_____	_____
Diphtheria	_____	_____
Pertussis (whooping cough)	_____	_____
Tetanus	_____	_____
Tetanus/Dip booster	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
(German Measles)	_____	_____
Oral Polio	_____	_____
Tuberculin test (most recent)	_____	_____
Other:	_____	

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to ANY of these health conditions. Indicate any activities to be encouraged or restricted, and include any dietary restrictions.

For Parents: I know of no reason (s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted.

Signature of parent/guardian: _____ **Date:** _____

For adults: This health history is correct and I am able to participate in all prescribed activities except as noted.

Signature of adult: _____ **Date:** _____

COVID-19 Participation Acknowledgment:

Girl Scouts of Western Washington (GSWW) is committed to taking precautions to mitigate risk as well as to follow applicable federal, WA State, local and GSUSA COVID-19 directives and guidelines. Our council is also committed to having in-person activities as allowed and in accordance with those mandates. GSWW's operations and programs occurring while COVID-19 is circulating in our community may expose our members, volunteers, and employees to the risk of infection. GSWW cannot prevent you from becoming exposed to, contracting or spreading COVID-19 while attending (which includes being present in any capacity) any GSWW in-person programming. Therefore, any interaction with others in connection with in-person programming may expose you and your family to, and increase your risk of contracting or spreading, COVID-19.

On behalf of myself, I agree to the following:

- 1. I understand** Novel Coronavirus ("COVID-19") infections have been confirmed throughout the United States, including multiple cases in my area.
- 2. I understand** COVID-19 is an extremely contagious virus that spreads easily, including through person-to-person contact.
- 3. I understand**, as with any social activity, use of Girl Scouts of Western Washington (GSWW) facilities or services, or participation in GSWW programs, may present the risk of contracting COVID-19. I further understand GSWW takes safety and preventative precautions, and that GSWW can in no way warrant that COVID-19 infection will not occur through use of such facilities or services or participation in GSWW activities, in-person troop meetings and/or programs.
- 4. I understand** the known and potential dangers of participating in the programs and/or utilizing the facilities and services of GSWW and acknowledge that my use thereof, and/or use by my participating children may, despite GSWW's prudent and reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.
- 5. I understand** that due to the nature of the facilities, services, and programs offered by GSWW, social distancing of 6 feet per person among children and/or others, and compliance with guidance and recommendations of public health agencies, may not always be possible.
- 6. I understand** that GSWW may revise its procedures at any time based on updated recommended guidance and recommendations issued by public health agencies and other authorities, and that I and my participating children must comply with all GSWW procedures prior to participating in, visiting, or utilizing the facilities, services, and/or the programs and/or attending in-person troop meetings or in-person service unit meetings of GSWW.

GSWW has put in place preventative health and safety measures to reduce the spread of COVID-19; however, GSWW cannot guarantee that you will not become infected with COVID-19 should you choose to participate in in-person programming. Participants who do not agree to these statements should not join in-person GSWW activities.

By signing below, I attest that I have read the **Girl Scouts of Western Washington's COVID-19 Member Guidelines, updated Safety Activity Checkpoints, Volunteer Essentials and Volunteer Policies**. I agree to abide by and stay informed of GSWW's policy guidelines as a condition of my volunteer and participant role with Girl Scouts of Western Washington.



I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19 AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF ALL CLAIMS. I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM GSWW IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY GSWW FACILITY OR DURING PARTICIPATION IN ANY PROGRAM OR ACTIVITY OR TRAVEL RELATED THERETO AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM.

I am able to view a copy of these documents on the [GSWW website](#) and/or the resources section of this course.

I understand that if I have questions, at any time, regarding any of the policies and procedures, I will contact the Girl Scouts of Western Washington Customer Care Team at (800) 541-9852 / CustomerCare@girlscoutsww.org.

Printed Name

Signature

Date