

Summer Camp Registration Form

Use this form to register for Day Camp or Overnight Camp at Camp Iti Kana or Camp Wahi.
You may register for up to 3 camp sessions on this form.

Camper Information:				
First Name	Last Name		Registered Girl Scout? Yes No	Grade Fall 2012
Street Address	City, State	Zip	Birth date	Age at camp
Email	Phone	Cell	Buddy's Name	

Camp Session Selection: You can register for up to 3 sessions on this form. If you need more, please attach a separate note. Please select an alternate camp session for each selection in the event that your first choice is full.

Session Choice #	Camp Wahi or Iti Kana	Program Name	Date	Camp Fee	Alternate Program Choice
Session #1					
Session #2					
Session #3					

		Total Session Fees
Day Camp Bus Stop, if needed	Day Camp Bus, if needed \$50 x # ____ Weeks = ____ Total Bus Fee	Total Day Camp Bus Fees
	If your daughter is not currently a registered Girl Scout, register her now.	Girl Scout Registration, if necessary \$12
	Shirt Size: Circle One YM YL AS AM AL AXL A2X	Camp T-shirt, optional \$12
	Trading Post Deposits may be made in advance with camp fees or at check-in.	Trading Post Deposit, optional \$15-\$25
	Help send another girl to camp! Donate to the camper financial aid fund.	"Send a Girl to Camp" Donation, optional
		Total Camp Fees Due

Don't forget to order your GSGMS Camp t-shirt



Are you a first time camper?

If you have never been to summer camp before, check here to receive a special gift at check-in!

Payment Information

Subtract \$25 per sister per session		- Sister Discount
Subtract \$25 if paid in full by April 15, 2012		- Early Bird Discount
Subtract anticipated Cookie Dough		- Cookie Dough Earned
Subtract \$50 per session deposit due		- Minimum Deposit Due
OR		OR
Total Amount Paid Today		- Amount Paid Today
Either Paid in Full or Balance Due 2 weeks prior to start of camp session.		Total Remaining Balance

Mail or Fax Camp Registration to:

**Girl Scouts of Greater Mississippi
Camper Registration
1471 West County Line Rd.
Jackson, MS 39213
Fax: 601-3660664**

Payment Method ___ Check ___ CC
___ Visa ___ MC ___ Disc ___ Amex
Exp. Date _____ Sec. Code _____
Card # _____
Signature: _____

Parent / Guardian Information			
Name Guardian #1	Day Phone	Night Phone	Cell Phone
Street Address	City	State / Zip	Email
Name Guardian #2	Day Phone	Night Phone	Cell Phone
Street Address	City	State / Zip	Email
Emergency Contact Name (other than Guardian)	Phone #1	Phone #2	Relationship to Child

Camper is under the custodial care of:

Mother Only Both Parents Father Only Other: _____

Statement of Inclusion:

GSGMS is an organization committed to the inclusion of girls and adults from all racial, religious, socio-economic backgrounds and abilities. Requests for information from our members enables us to establish benchmarks for measuring our progress toward ensuring that all girls have the opportunity to be Girl Scouts. Thank you for your help in providing this information.

Ethnicity: Black White American Indian Hispanic Asian Other

Disabilities: Mental Hearing Learning Physical Medical

Special Needs: Allergies Food / Drug Dietary Other

Please be specific about your child's special needs so that we may assist her in having a good camp experience.

Permissions and Media Release (Boxes must be checked in order to be applicable)

Permission to Participate: I give permission for my child to attend camp and participate in all phases of camp activities except as noted on this form or on her Health Examination Form. Activities may include swimming, canoeing, kayaking, sailing, horseback riding, challenge course, archery, hiking or other related activities. My child may participate in all activities except: _____

Authorization for Transport: I give permission for my child to be transported to and from camp for camp-related activities such as sailing, horseback riding, or other field trips. Transportation may be provided by bus or camp vehicle driven by licensed, insured drivers over the age of 25. Passengers must wear a seat belt in camp vehicles at all times.

Authorization for Treatment: I give my permission for my child to be treated by a nurse or first aider for minor ailments and by a doctor, when necessary. I give permission for the medical personnel selected by the camp director to order x-rays, routine tests, treatment and necessary related transportation for my child. In the event that I cannot be reached in an emergency, I give permission for the physician selected by the camp director to secure and administer treatment, including hospitalization for my child.

Permission to Photograph: I give permission to use any photographs or videotapes of my child for publicity and promotional purposes by Girl Scouts of Greater Mississippi, Inc.

Sun Screen / Insect Repellent: I give permission for a member of the camp staff to apply sunscreen and/or insect repellent to my child.

Signature of Parent / Guardian: _____ Date: _____