

2009 RESIDENT CAMP REGISTRATION FORM

Camper's Name (Last, First, MI): _____

Parent/Guardian's Name (Last, First): _____

Address _____
STREET CITY STATE ZIP

E-mail Address: _____

Telephone: Day _____ Evening _____ Cell _____

CUSTODIAL CARE INFORMATION: My camper is under the custodial care of:

Both Parents Mother Only Father Only Other _____

Birth date: ___/___/___ Grades 1-3 Grades 4-5 Grades 6-8 Grades 9-12 Troop # _____

Grade in School (Fall 2009): _____ Are you currently a Girl Scout? No (enclose additional \$10.00)

PROGRAM CHOICES:

1st Program Title: _____ Session #: _____ Session Fee: _____

2nd Program Title: _____ Session #: _____ Session Fee: _____

3rd Program Title: _____ Session #: _____ Session Fee: _____

4th Program Title: _____ Session #: _____ Session Fee: _____

*Registration must include a \$50.00 deposit for each camp session registered and total camp fee (less deposit) must be received by 06/01/2009. (If you register after 06/01/2009, full payment must accompany registration)

My buddy preference is _____ (indicate ONE ONLY)

(Your buddy's application must have your name on it in order to create a buddy pair.)

Transportation/Bus Stop: Annapolis Glen Burnie GS Service Center Towson Own

** There is an additional \$20.00 fee for this service this year. **

This reflects my permission for my camper to attend summer camp and participate in all activities, including those listed or described in the camp brochure or website that I have received, read and understand. My permission is also given to the Girl Scouts of Central Maryland to utilize any photo, video or audio of my daughter for publicity or advertising purposes. In the event of illness or injury of my daughter while under supervision of the Girl Scouts of Central Maryland, I hereby authorize the Girl Scouts of Central Maryland to obtain and/or provide medical treatment and services as deemed necessary and appropriate under the circumstances. In connection with my authorization, I understand that my family health insurance will provide primary coverage for such medical treatment and services, and that the insurer of the Girl Scout Council of Central Maryland provides secondary coverage. For the parents of girls registering as Girl Scouts in order to participate in summer camp: I understand that my camper will become a member of Girl Scouts of the U.S.A by her registration for this program.

Date ___/___/___ Signature of Parent/Guardian _____

Insurance Co. Name _____ City _____

Policy No. _____

Mail registrations & payment to:

Program Registrar

Girl Scouts of Central Maryland

4806 Seton Drive

Baltimore, MD 21215

Girl Scouts of Central Maryland strives to ensure that all programmatic experiences meet a high quality and standard. Should you have any questions or concerns please contact programdepartment@gscm.org to have your inquiry addressed by the appropriate individual. For a copy of our Council Policies please contact our Volunteer Resource Center at vrc@gscm.org.

