

Benton Day Camp Registration form #870 · 01/16 · page 1 of 1

A fully completed, signed registration packet must be accompanied by these 3 things: 1) Completed "Day Camp Health History & OTC Medications", 2) full camp payment, and 3) PA/CIT Application (If applicable). Send all to Elsie Sandin, Day Camp Registrar, 7540 NW Hood View Circle, Corvallis, OR 97330. A completed registration packet does not guarantee camper placement. For registration questions, please contact registrar.

DO NOT mail Benton Day Camp registrations to the Girl Scout service centers.

| Day Camp Camper Nam | ne |
|---|---|
| Mailing Address | City State ZIP |
| Home Phone () Buddy Name (if applicable | le) |
| Email | |
| Age DOB Grade Next Fall School Next Fall | |
| | |
| CHECK ALL THAT APPLY TO CHILD: | MEMBERSHIP |
| ☐ Daisy (K-1) ☐ Brownie (2-3) ☐ Junior (4-5) ☐ Cad (6) | All campers must be registered Girl Scouts for the current membership year. Visit girlscoutsosw.org to become a member. Financial assistance for Girl Scout membership is available. |
| ☐ Child of Camp Staff ☐ Program Aide-In-Training ☐ Program Aide | ☐ My camper is a registered Girl Scout. I will pay the camp fee only. ☐ My camper is new or needs to renew her membership. I will pay Girl Scout day |
| PARENT/GUARDIAN #1 (that lives with camper/same address) | camp fee + \$25.00 membership dues. This will register her as a Girl Scout |
| Name Cell # () | through September 30 of this year. (Up to 5 months of membership) My camper is a new member. I will pay Girl Scout day camp fee + \$35.00 |
| Home # () Work # () | membership dues. This will register her as a Girl Scout through September 30 of next year. (Up to 17 months of membership) |
| Email | Acceptance and participation in summer programs is the same for everyone with-out 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 of Oregon and Southwest Washington makes every reasonable effort to ensure this access. |
| PARENT/GUARDIAN #2 | |
| Name Cell # () | |
| Home # () Work # () | The information below 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. |
| Email | The registrant's racial background is (please check as many as apply) |
| EMERGENCY CONTACT (other than Parent/Guardian #1 or #2) | American Indian or Alaskan Native |
| Name Relation | ☐ Black or African American ☐ White |
| Home # () Work # () | ☐ Hawaiian or Pacific Islander ☐ Other |
| | The registrant's ethnic background is (please check one) Hispanic or Latina Not Hispanic or Latina |
| | |
| TRANSPORTATION Persons authorized to pick up your camper They MUST show photo identification. | 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 that it is my responsibility to inform the day camp of activities that my camper may not participate in. 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 |
| Name Phone # () | |
| NamePhone # () | |
| NamePhone # () | measure deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian. |
| NamePhone # () | 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 |
| Drop Off & Pick-Up Location ☐ Corvallis ☐ Philomath | used in promotional and fund raising materials, news releases and other published formats, and will be the sole property of Girl Scouts of Oregon and South-west Washington, its assigns or successors, or Girl Scouts of the USA. |
| | ☐ May NOT be photographed for Girl Scout publicity purposes |
| OVERNIGHT (Grades 4-12 only): Yes No | I wish to opt out of GSUSA/GSOSW 🔲 Texts 🔲 Emails |
| Complete and return Overnight Permission Slip with registration. | X Signature of Parent or Guardian Date |
| | THIS FORM CANNOT BE PROCESSED WITHOUT THE SIGNATURE OF A |
| T-SHIRT SIZE Youth: Sm Med Lrg | PARENT OR GUARDIAN. |
| Adult: 🗖 Sm 🔲 Med 🔲 Lrg 🔲 XL 🔲 XXL | ☐ I may be interested in helping at camp. Please contact me with information on volunteer opportunities. |
| COOKIE/NUT CREDITS: Use this section to record your 19-digit Cookie/Nut Credit Card number and 8-digit PIN. Amount to be used \$ | |
| card# | PIN# |