



Registration Form

Participant Name _____ Date of Birth _____ Age _____ Grade _____

Mailing Address _____
Street City State Zip Code

Parent/Guardian Name _____ E-mail _____

Home # () _____ Work # () _____ Cell # () _____

Emergency Contact _____ E-mail _____

Home # () _____ Work # () _____ Cell # () _____

Registered Girl Scout? If YES, please note Troop # _____

Waiver (Required)

As the parent/legal guardian of the registered child, who is voluntarily enrolled as a participant in the Girl Scout Program/Activity, I understand that this program involves inherent risk and possible injury because of the nature of the activities. 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 a statement of her good health is required before she may attend. I assume all risk and hazards incidental to such participation including transportation to and from the activity; and hereby waive, release, absolve, indemnify and agree to hold harmless the Girl Scouts. I further give consent for her to be given emergency treatment by a physician or hospital in case of an emergency.

I have read and agree

Photo/Audio/Video Release (Optional)

I acknowledge that photos, recordings, or videos may be taken of girls engaged in program activities and used in Girl Scout promotional materials and educational materials or submitted to local newspapers, publications, and TV stations to promote the Girl Scouts. As the parent/legal guardian of the registered child, I give consent to use the images or recordings of my child to be used for public relations, news articles, telecasts, education, marketing, research, inclusion on the Girl Scout website, fundraising, or any other purpose by the Girl Scouts. I release the Girl Scouts, their officers, directors, and employees, and each an all persons involved, from any liability in connection with taking, recording or publication of photographs, slides, computer images, video tapes or sound records of my child. Further, I waive all rights to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials. I also waive any right to inspect or approve any photo, video, or film taken by the Girl Scouts, or the person or entity designated by it.

I have read and agree I do not give permission

Signature of Parent / Guardian

Date

Day Camp Fees

Session Name/Week(s) _____

Days attending: Please choose at least three days! Camp activities and skills may take several days and the friendships girls will build throughout the week develop over time. We ask for at least 60% attendance so that girls get a true camp experience.

Monday Tuesday Wednesday Thursday Friday

Session Fee \$25.00 per day x day(s) = \$

Extended Care (7:30 - 9:00 am & 4:00 - 5:30 pm) \$5.00 per day x day(s) = \$

Early Care After Care Both

Become a Girl Scout (October 1, 2017 - September 30, 2018) \$30.00 (one time a year) = \$

Total Due \$

\$25.00 non-refundable deposit due at time of registration. Payment in full due 2 weeks before the start of the session. No Refunds.

Resident Camp Fees

Session Name/Week(s) _____

Name of requested bunkmate _____

T-Shirt Size: Youth: M ___ L ___ Adult: S ___ M ___ L ___ XL ___ XXL ___

Session Fee \$ _____

Transportation: Pick up Your Camper (Check One)

- Camp Four Echoes (no charge)
- Coeur d'Alene, Shopko (\$20 bus fee)
- Spokane, GSEWNI Program Center (\$20 bus fee)

Transportation Fee \$ _____

Become a Girl Scout (October 1, 2017 – September 30, 2018)

\$30.00 (one time a year) = \$ _____

Non-Girl Scout Fee

\$40.00 (per week) = \$ _____

Total Due \$ _____

\$50.00 non-refundable deposit due at time of registration. Payment in full due 2 weeks before the start of the session. No Refunds.

Program Fees

Event _____

Event Fee (per person) \$ _____

Become a Girl Scout (October 1, 2017 – September 30, 2018)

\$30.00 (one time a year) = \$ _____

Total Due \$ _____

If registering multiple girls/adults:

Name of Girl(s)

Name of Girl(s)

Name of Adult(s)

Name of Adult(s)

Checks and Money Orders Must Be Payable to GSEWNI

\$ _____ *Cash, Personal Check, Money Order, or Cookie Dough*

Cookie Dough

Card # _____

Credit Card: () Visa () MasterCard

Card # _____ **Exp. Date** _____ **CVC#** _____

Signature _____

