

2006 Camp Tahigwa Registration Form

Please PRINT all information



Camper's Name: _____ This camper is an adult/girl (circle one)

Address: _____ City _____ State _____ Zip _____

Office Use Only	
Program _____	_____
Unit _____	_____
Date Rec'd _____	_____
Deposit _____	Financial Assistance _____
_____	Program credit _____
Receipt# _____	_____

Grade (as of Sept. '06): _____ Birth date: _____ Age: _____
 Is Camper a registered Girl Scout? Yes _____ No (include \$10 membership fee and form from page 17) _____

Level (check one) _____ D _____ B _____ J _____ C _____ S _____

Parent/Guardian Name: _____ Evening phone: _____

Camp Selection (Session Choice): If registering for Me & My Pal or Big/Lil Sis, TWO registrations and deposits are required!

Session Name	Session Dates	Session Fee
1st Choice: _____	_____	_____
2nd Choice: _____	_____	_____
3rd Choice: _____	_____	_____

My buddy preference is: _____ (indicate ONE only--Registrations should be mailed in the same envelope)
 Would you be willing to give a ride (to or from camp) to someone who might need one? Yes _____ No _____

(Checking yes allows us to release your phone number)
 This reflects my permission for my daughter to attend summer camp and participate in all activities, including off-site trips and other activities listed or described in the camp brochure that I have received, read and understand. My permission is also given to the Girl Scouts of Conestoga Council 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 Conestoga Council, I hereby authorize the Girl Scouts of Conestoga Council 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 Scouts of Conestoga Council provides secondary coverage.
 This health history is correct and my daughter has permission to engage in all prescribed activities, except those noted by me and the examining physician. I understand that the health form is for the sole use of GSCC and will not be disclosed to any other entity unless my child needs health care while at camp. This information may be shared with the health care provider. I understand every effort will be made to contact parent/guardian prior to medical treatment.

Date _____ Signature of Parent/Guardian _____

Return this form, along with the \$20 non-refundable deposit to:
 Girl Scouts of Conestoga Council
 2530 University Avenue
 Waterloo, IA 50701-3330

(Include \$10 membership fee, if applicable)



CAMP BUDDY:
 Two girls wishing to attend camp together as buddies must provide that information on the registration form. Space is provided on the registration form to indicate ONE friend's name. Send both registrations in the same envelope. Cabin/tent mate requests will be honored for ONE friend only. We cannot guarantee buddy placement. We cannot accommodate large group placement in the same tent or cabin.