

Laredo Day Camp

Come and join all the fun that Girl Scouts has to offer. Spend the day expanding your mind and creating new friendships. From Weird Science to Arts & Craft to Glitz & Glamour attend 1 or all 3 of the sessions.

| Sessions | For girls who have completed grades: | Time | Description | Reg. Fee |
|-------------------------|--------------------------------------|----------------|--|----------|
| LD-S1 July 15 | K-8 | 10:00am-4:00pm | Weird Science -Discover the fun world of science. Mixing concoctions. | \$23.00 |
| LD-S2 July 16 | K-8 | 10:00am-4:00pm | Arts & Crafts -Spend the day painting, making pottery & jewelry. | \$23.00 |
| LD-S3 July 17 | K-8 | 10:00am-4:00pm | Glitz & Glamour -Learn how to make lip gloss, bath salts, soapsicles and much more. | \$23.00 |

A separate registration form for each session is required.

CAMPER INFORMATION

Camper's Name _____ Troop# _____
 Address _____ State _____ Zip _____
 Birthdate _____ Age _____ Last Grade Completed _____
 School _____
 Camper's T-Shirt size(Circle ONE): YS YM YL AS AM AL XL 2X 3X

Who is the child's guardian?
 Both Parents Mother Only Father Only Other(List: _____)

Mother's Name _____ Mother's Email _____
 Home Phone _____ Cell Phone _____
 Mother's Employer _____ Work Phone _____

Father's Name _____ Father's Email _____
 Home Phone _____ Cell Phone _____
 Father's Employer _____ Work Phone _____

Person to be contacted in case of an emergency if the parent/guardian cannot be reached: Please list a friend or relative who will be able to contact you. (Make this person aware that his/her name is being used.)

Name _____ Relationship to Camper _____
 Phone(H) _____ Phone(C) _____ Phone(W) _____

If you would like to receive your welcome packet, updates, and other communications by email, please check this box and enter your email address. Otherwise you will be contacted by mail or phone.

Please contact me at this email address: _____

CAMP SELECTION

Select a camp session and indicate an alternate choice, in case registration is full for your first session choice. This will not serve as a registration for multiple sessions.

| | Session | Camp Name | Program Name | Reg. Fee |
|------------------------|-------------|---------------|----------------------------|----------------|
| Example | <i>LD-1</i> | <i>Laredo</i> | <i>Glitz & Glamour</i> | <i>\$23.00</i> |
| 1 st Choice | | | | |
| Alternate | | | | |

OFFICE USE ONLY: Date rec'd _____ Fee paid _____ Conf'd _____
Office personnel: Please fill in date and amount of payment received, and fax to **Rachel Rendon** in the Harlingen Office.

CAMPER CONFIDENTIAL

Has your camper spent time away from home?(Explain): _____

Has your camper attended camp previously?(Explain): _____

Please list any special dietary needs or limitations your camper has _____

Please list any emotional or mental needs the camp staff need to be aware of: _____

Any other information that can help the staff to assure your camper has a positive camp experience: _____

CAMP FEES

Payment Summary

Please complete the following:

Registration Fee(Fill out the amount of camper's 1st choice): _____

Girl Scout Membership Fee \$12 and Form (if applicable): _____

Camp Photo for \$5.00 (optional): _____

TOTAL PAYMENT: _____

PERMISSION/RISK AGREEMENT

This section must be signed in order to process registration.

I _____ give permission for my Camper, _____ to participate in all camp activities. My Camper is in good health, and I understand that I must present evidence that she has had a physical exam performed by a licensed physician within 24 months prior to attending camp. I acknowledge that outdoor activities are inherently hazardous and may involve risks which can result in illness and/or injury. I assume all such risks, and indemnify and hold harmless Girl Scouts of Greater South Texas, its representatives, employees, and agents from all responsibility. GSGST makes every effort to ensure the safety of campers, including, but not limited to GSUSA and state standards and guidelines, and provides a secondary insurance coverage for such risk. Representatives of GSGST have my authority to use their best judgment in providing care in the case of illness or injury, and the parent/guardian will be contacted as soon as possible. I further authorize staff to secure necessary emergency medical care and treat in case of an emergency, and to notify me or my Camper's emergency contact as soon as possible.

I grant permission for my daughter/ward to leave the designated campsite for field trips or camp related activities and for her to utilize transportation provided by GSGST.

I grant permission for my daughter/ward to participate in activities of high risks, as indicated in the program description, such as boating and swimming. GSGST makes every effort to ensure the safety of campers through the use of the safety equipment, procedure protocol and natural course of progression as designated by GSUSA and the State of Texas.

I understand that my Camper will abide by all camp rules, and, if she does not, may be sent home with no refund. I give permission for GSGST to use photographs and /or video (tape) recording taken of my Camper in camp activities for Girl Scouts public relation, websites, social media, etc. I further understand that GSGST is not responsible for damage or loss to campers' personal property.

Signature of Parent/Legal Guardian _____ Date _____