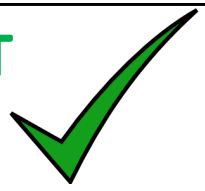


# REGISTRATION FORM CHECKLIST



## FOR INDIVIDUAL GIRL REGISTRATION

### 1. Where to Send Registration, deadline date

Girl's Name \_\_\_\_\_ Troop \_\_\_\_\_

### 2. Participant Info:

Determine which info you need

Grade \_\_\_\_\_ Age \_\_\_\_\_ Special needs \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Parent Phone day ( ) \_\_\_\_\_ night( ) \_\_\_\_\_ cell( ) \_\_\_\_\_

Emergency contact info \_\_\_\_\_

Name	Relationship	phone #
------	--------------	---------

Person(s) authorized to pick up girl \_\_\_\_\_

### 3. Participant Choices: T-shirt size, menu selection, food allergies, dietary restrictions etc.

### 4. Permission statement as needed:

Participation, photo release, medical treatment, membership, survey

\_\_\_\_ (Initial) I give my daughter/dependent permission to participate in Service Unit ABC Fantastic Fandango

\_\_\_\_ (Initial) I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my daughter/dependent may be used by Girl Scouts for public relations and publicity purposes. I understand that her last name and residence will not be used for publicity purposes.

\_\_\_\_ (Initial) In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Northern California to seek treatment for my child and/or dependent minor by a licensed physician pursuant to California Family Code Section 6910 and California Civil Code Section 25.8. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History Form.

\_\_\_\_ (Initial) I acknowledge that my daughter/dependent will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has my permission to join Girl Scouts. [Use statement for recruiting events]

\_\_\_\_ (Initial) I understand that my daughter may occasionally be asked to participate in evaluations/surveys as part of her Girl Scout activities. I understand that her participation is voluntary, and that she will neither receive compensation of any form for participating nor will her standing in her Girl Scout sponsored programs be effected, if she chooses not to participate. I further understand that my daughter's confidentiality will be protected throughout the entire project, and that she will never be identified in any publication, written or spoken. I understand that she may discontinue taking evaluations/surveys at any time without consequence.

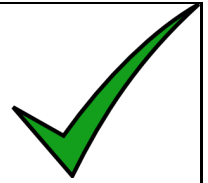
Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

### 5. Payment Reminder

I have enclosed my check for \_\_\_\_\_ Registration fee  
\$xx # T Shirts \_\_\_\_\_ @ \$xx each \_\_\_\_\_ Size(s) \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L

Total Enclosed \_\_\_\_\_

# REGISTRATION FORM CHECKLIST



## FOR TROOP/GROUP REGISTRATION

### 1. Where to Send Registration, deadline date

2. Group Troop \_\_\_\_\_ School \_\_\_\_\_ Grade Level (Daisy, Brownie, etc.) \_\_\_\_\_

Contact Info: Leader/Advisor Name \_\_\_\_\_ E-mail \_\_\_\_\_

Determine which Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
info you need

Phone Day ( ) \_\_\_\_\_ Night ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Supervising adult at event: \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Person who attended other required course (e.g. camping, first aid)  
\_\_\_\_\_

Emergency contact info \_\_\_\_\_

(person not attending event) Name \_\_\_\_\_ Phone # \_\_\_\_\_

### 3. Participant Choices: Activity or workshop choices, T shirt sizes, menu selections, kaper selections

4. \_\_\_\_\_ # of Girls Attending x \$xx each \$ \_\_\_\_\_

Registration & \_\_\_\_\_ # of Adults Attending x \$xx each \$ \_\_\_\_\_

Payment Info \_\_\_\_\_ # of Patches x \$xx each \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_