### girl scouts

# REGISTRATION FORM CHECKLIST

of northern california

#### FOR INDIVIDUAL GIRL REGISTRATION

Parent Phone day ( )		Girl's Name							Trod	р		
Address		Grade	_ Age _	Sp	ecial r	needs						
Parent Phone day ( )night( )cell( )	<u>*</u>	Address				Cit	:y			Zip		
Parent Phone day ( )night( )cell( )		E-mail										
Person(s) authorized to pick up girl	eed	Parent Phon	e day(	)		_night(	)		cell(	)		
Person(s) authorized to pick up girl		Emergency of	contact in	fo								
				Na	me			Relatio	nship		phor	ıe #
		Person(s) au	uthorized	to pick up g	irl							
	2 Portic	sinant Chaice	<b>oc.</b> T chirt	sizo monu	coloc	tion food	lallar	rios diotr	ry rostrio	tions ot	c	
Fandango  (Initial) I hereby consent that the videotapes, photographs, motion pictures, electronic image 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 emergency contact. If no contact can be made, I hereby give authorization to Girl Scout 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 evaluation: 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 confidentially will be protected throughout the entire project, and that she may discontinue taking evaluatior surveys at any time without consequence.  Parent/Guardian Name	5. Fartic	лрант Спотс	<b>53.</b> 1-511111	Size, menu	selec	11011, 1000	laners	gies, dieta	iry restric	แบบร ยเ	C.	
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Payment		Parent/G	uardian N	ame					Signatur	e		
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## **REGISTRATION FORM CHECKLIST**



### FOR TROOP/GROUP REGISTRATION

2. Group	TroopSchool Grad	de Level (Daisy, Brownie, etc.)
Contact Info:	Leader/Advisor Name	E-mail
Determine which	Address City	State Zip
nfo you need	Phone Day ( ) Night ( )	Cell ( )
	Supervising adult at event:	Cell ( )
	Person who attended other required course (e.g. camping, f	irst aid) 
	Emergency contact info	
3. Participa	(person not attending event) Name	Phone #
-	(person not attending event) Name  nt Choices: Activity or workshop choices, T shirt sizes,	Phone # menu selections, kaper selections
4.	(person not attending event) Name  nt Choices: Activity or workshop choices, T shirt sizes,  # of Girls Attending x \$xx each	Phone # menu selections, kaper selections
4. Registration &	nt Choices: Activity or workshop choices, T shirt sizes,  # of Girls Attending x \$xx each # of Adults Attending x \$xx each	Phone # menu selections, kaper selections \$ \$
4.	nt Choices: Activity or workshop choices, T shirt sizes, # of Girls Attending x \$xx each# of Adults Attending x \$xx each# of Patches x \$xx each	Phone # menu selections, kaper selections