

Canyon Springs PIONEER DAYS Day Camp Registration Form

August 3-7, Thousand Trails, Acton CA

Fee includes: all program activities; patch; snacks Monday, Tuesday, and Wednesday; dinner Thursday night; breakfast Friday morning

Registered Girl Scouts

\$60 for girls
\$0 for adult helpers

If Not Registered as a Girl Scout

\$72 for girls
\$12 for adult helpers

Child's Parent/Guardian name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____

E-mail (REQUIRED) _____

Emergency contact name and phone _____

- I give permission for my child(ren) to participate in photographs taken for Girl Scout public relations.
- I give permission for my child(ren) to attend camp and participate in all activities.
- I agree to bring my child(ren) **only** if they are feeling well and in good health.

I hereby consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for my child(ren) under the supervision of, and as deemed advisable by, a physician licensed under the Medical Practice Act. It is understood that this authority is given in advance of the need for any diagnosis, treatment, or hospital care, but is to provide authority pursuant to Section 6910 of the California Family Code.

Parent/Guardian signature _____ Date _____

1) Adult helper name _____

I am available on the following day(s). Circle any or all!

Monday Tuesday Wednesday Thu-Fri Overnight campout

I am currently registered with troop # _____ .

All adult helpers must be registered Girl Scouts.

(If not a registered Girl Scout, submit an Adult Girl Scout Registration form and pay the \$12 camp fee.)

I agree to participate in photographs taken for Girl Scout public relations. I hereby consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for me under the supervision of, and as deemed advisable by, a physician licensed under the Medical Practice Act. I understand that this authority is given in advance of the need for any diagnosis, treatment, or hospital care, but is to provide authority pursuant to Section 6910 of the California Family Code.

Adult helper medical concerns _____

Adult helper signature _____ Date _____

2) Child's name _____

Child is currently registered with troop # _____ Grade in fall _____
(If not a registered Girl Scout, please submit the Girl Girl Scout Registration form and pay the \$72 camp fee.)

Medical concerns: _____

3) Child's name _____

Child is currently registered with troop # _____ Grade in fall _____
(If not a registered Girl Scout, please submit the Girl Girl Scout Registration form and pay the \$72 camp fee.)

Medical concerns: _____

Child(rens) physician (name, phone, policy number) _____

_____ # of registered Girl Scout girls attending camp (at \$60 each)	\$ _____
_____ # of non-registered girls attending camp (at \$72 each) <i>(include <u>Girl</u> Girl Scout Registration form with this application)</i>	\$ _____
_____ # of adult registered Girl Scout helpers (at \$0 each)	\$ _____
_____ # of adult non-registered Girl Scouts helpers (at \$12 each) <i>(include <u>Adult</u> Girl Scout Registration form with this application)</i>	\$ _____

TOTAL DUE \$ _____

Make your check payable to: Canyon Springs Day Camp

Mail to: Day Camp, c/o Girl Scouts, P.O. Box 843, Acton CA 93510-0843.

Registrations must be received by Wednesday, July 29.

You will receive an information packet via e-mail as soon as we receive your registration.

For more information, please contact Paulette at 661 269-4452 or e-mail daycamp@aadgs.org.