



**Headquarters
Billings Service Center**
2303 Grand Ave
Billings, MT 59102



Casper Service Center
428 S. Durbin Street, Suite 102
Casper, WY 82601



Great Falls Service Center
4930 Ninth Ave South
Great Falls, MT 59405

800.736.5243 • www.gsmw.org

Day Camp Registration Form

Please Note: A separate form is needed for each Day camp participant.

Day Camp Name	Day Camp Dates
Make Check Payable to	In the amt of \$
Submit Registration and Payment to	

Participant Information			
Participant Information		T-shirt size (if included)	GS level
Participating as <input type="radio"/> Girl <input type="radio"/> Program Aide <input type="radio"/> Adult Volunteer <input type="radio"/>			
Mailing address			
City		State	Zip
Phone	E-mail	Date of birth	
Age at time of event	Grade	School	
Special needs (e.g. wheelchair, food, allergies etc.) Please inform Event Director if your child has special needs that need to be known prior to the event (inhaler, epi pen).			

Emergency Contact		
Emergency Contact: Person to be contacted in case of emergency if parent/guardian cannot be reached. Please list a friend or relative who will be able to contact you or who may act on your behalf. Please make sure this person is aware his/her name is being used. This person should also be the emergency contact name on the Day Camp Health History Form.		
Emergency contact name	Phone	home
		work
Relationship to camper		cell

Membership information (check one)	
<input type="checkbox"/> I am currently a registered member of Girl Scouts of Montana and Wyoming in troop#	<input type="checkbox"/> I am currently a registered Juliette
<input type="checkbox"/> I would like to register as an individual member of Girl Scouts. I have included \$15 for GSUSA membership dues.	

Parent permission (circle Yes or No for each statement)	
Yes No	I have read the event information and give my child permission to participate in the activity listed above. I understand that Girl Scouts of Montana and Wyoming is not responsible for any personal belongings of my child.
Yes No	I give permission for photographs, videos and audio recordings of my child taken by authorized Girl Scouts of Montana and Wyoming staff or their designee to be used for council publication, television, or internet use.
Yes No	I hereby authorize the adult in charge to obtain needed medical treatment for my daughter at the nearest licensed emergency facility or from a personal physician.
Parent/guardian signature	Date