

# TROOP / GROUP REGISTRATION

**EVENT NAME** \_\_\_\_\_

Session # \_\_\_\_\_ (if any)

Please  REGISTER  ADD-ON TO ORIGINAL REGISTRATION.

## IDENTIFICATION

Level \_\_\_\_\_

Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_

Leader/Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

If camping at Adahi, what is your sleeping accommodation preference?

\_\_\_ Tents \_\_\_ Cabins (if available)



### Girl Scouts

P.O. Box 15969 (1936 Dayton Blvd.)  
Chattanooga, TN 37415-0969  
423 877 2688 • 800 446 2472  
F 423 877 5587 • info@mbgsc.org

Girl Scouts®

## PAYMENT INFORMATION

# Girls \_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

# Girls \_\_\_ x Fin. Assist.\* = \$ \_\_\_\_\_

# Adults \_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

# Adults \_\_\_ x No Fee\*\* = \$ \_\_\_\_\_

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

\*\*\*Less Cookie Dough \$ (\_\_\_\_)

**TOTAL ENCLOSED** \$ \_\_\_\_\_

*\*Attach Fin. Assist. Application. \*\*If applicable to event.  
\*\*\*Please list cookie dough below.*

**TRIP:**  Full Amount  Payment Plan  Deposit Only

Cash  Check/M.O.  Credit Card  Cookie Do.  Fin. As.

Expiration Date \_\_\_\_\_  Visa  MC  Discover

Card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Office Use Only:**  Cash  Check/MO  Credit Card  
 Cookie Dough  Financial Assist.

Amt. Paid \$ \_\_\_\_\_

Date \_\_\_\_\_ Receipt # \_\_\_\_\_

## GIRL PARTICIPANTS

Name	Age	\$ Amt. Cookie Dough (if used)
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		
7) _____		
8) _____		
9) _____		
10) _____		
11) _____		
12) _____		
13) _____		
14) _____		
15) _____		

## ADULT PARTICIPANTS

Name
1) _____
2) _____
3) _____
4) _____
5) _____

### RACIAL / ETHNIC ORIGIN

# Girls

# Adults

Am. Indian or Alaskan Native

\_\_\_\_\_

\_\_\_\_\_

Asian or Pacific Islander

\_\_\_\_\_

\_\_\_\_\_

Black

\_\_\_\_\_

\_\_\_\_\_

White

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

Also of Spanish/Hispanic origin

\_\_\_\_\_

\_\_\_\_\_

**KEEP A COPY FOR YOUR INFORMATION AND FILE  
MAKE ADDITIONAL COPIES IF NEEDED**

# INDIVIDUAL GIRL REGISTRATION

**EVENT NAME** \_\_\_\_\_

**Session #** \_\_\_\_\_ (if any)

## IDENTIFICATION

Level \_\_\_\_\_

Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_

Girl Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

If camping at Adahi, what is your sleeping accommodation preference?

\_\_\_ Tents \_\_\_ Cabins (if available)



**Girl Scouts**

**Girl Scouts**

P.O. Box 15969 (1936 Dayton Blvd.)  
Chattanooga, TN 37415-0969  
423 877 2688 • 800 446 2472  
F 423 877 5587

## PAYMENT INFORMATION

# Girls \_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

# Girls \_\_\_ x Fin. Assist.\* = \$ \_\_\_\_\_

# Adults \_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

# Adults \_ x No Fee\*\* = \$ \_\_\_\_\_

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

\*\*\*Less Cookie Dough \$ ( ) \_\_\_\_\_

**TOTAL ENCLOSED \$** \_\_\_\_\_

\*Attach Fin. Assist. Application. \*\*If applicable to event.  
\*\*\*Please list cookie dough below.

**TRIP:**  Full Amount  Payment Plan  Deposit Only

Cash  Check/M.O.  Credit Card  Cookie Do.  Fin. As.

Expiration Date \_\_\_\_\_  Visa  MC  Discover

Card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Office Use Only:**  Cash  Check/MO  Credit Card  
 Cookie Dough  Financial Assist.

Amt. Paid \$ \_\_\_\_\_

Date \_\_\_\_\_ Receipt # \_\_\_\_\_

## MEDICAL RELEASE / PARENT CONSENT / PHOTO RELEASE

Girl Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Health History:** (Check those that apply)

**Diseases**

- Chicken Pox
- Measles
- German Measles
- Mumps
- Diabetes

**Allergies**

- Animals
- Food
- Hay Fever
- Insect Stings
- Medicine/Drugs
- Plants/Pollen
- Other \_\_\_\_\_

**Chronic or Recurring Illness**

- Ear Infections
- Heart Defect/Disease
- Seizures
- Bleeding Disorders
- Asthma
- Hypertension
- Musculoskeletal Disorders
- Other \_\_\_\_\_

**Please describe any conditions** (operations, serious injuries, hospitalizations, disabilities, etc.) **and give dates:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments where applicable:**

Fainting \_\_\_\_\_ Sleep Disturbances \_\_\_\_\_

Bed wetting \_\_\_\_\_ Menstrual cramps \_\_\_\_\_

Constipation \_\_\_\_\_ Nosebleeds \_\_\_\_\_

Emotional disturbances \_\_\_\_\_ Other \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Date of last physical exam \_\_\_\_\_

Special medical or dietary regimen to be followed (specify) \_\_\_\_\_

This health history is correct and I give permission to the hospital and/or physician selected to secure & administer treatment, including hospitalization, for the person named above. I give my consent for my child's participation in this event. I will not hold the Girl Scouts responsible in case of accident or injury as a result of participation. I understand that accident insurance is provided. I give my permission for my daughter's photograph or voice for Council publicity purposes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_