



2012 RESIDENT CAMP REGISTRATION

Registration begins February 20, 2012

Mail or walk-in registration form along with deposit to one of the following Girl Scouts Diamonds regional offices:

Fayetteville
2080 E Joyce Blvd
Fayetteville, AR 72703

Fort Smith
5705 Gordon Ln
Fort Smith, AR 72903

Jonesboro
4803 E Johnson Ave
Jonesboro, AR 72401

North Little Rock
615 W 29th St
North Little Rock, AR 72114

Texarkana
1811 Arkansas Blvd
Texarkana, AR 71854

Please type or print legibly.

Camper's Name _____ Age _____ Date of Birth _____ School Grade Entering _____

Troop # or "Juliette" (if applicable) _____

Name of Parent/Guardian _____ (Day Phone) _____ (Evening Phone) _____

Address _____ City _____ State _____ Zip _____ County _____

E-Mail _____

Additional person to contact in case of emergency if parent/guardian cannot be reached: (Please make sure the person is aware he/she is your emergency contact)

Name _____ Telephone _____ Relationship to camper _____

Name _____ Telephone _____ Relationship to camper _____

Name _____ Telephone _____ Relationship to camper _____

Program Choice: Write-in below the information for the camp session(s) of your choice. PLEASE NOTE - THERE IS ONE REGISTRATION FORM PER GIRL. You are able to register your daughter for MORE THAN ONE camp session on this same form. However, if you are registering multiple children, each girl must have her own separate registration form.

	NAME OF CAMP	SESSION NAME	CODE	HOUSING PREFERENCE (where available)	DATES
<u>EXAMPLE</u>	Camp Crossed Arrows	Fire Flies	RC_2011_JNR-4-FIRFLY	Cabins	JULY 11-16

1st Session Attending: _____

2nd Session Attending: _____

Other Sessions Attending: _____

PLEASE NOTE: SOME CAMP SESSIONS DO FILL

In the event that the session your daughter would like to register for is already full, please write in a 2nd choice of camp session here.

SECOND CHOICE IF MY FIRST CHOICE IS FULL: _____

T-Shirt Size: (included in camp fee) YS YM YL S M L XL 2XL 3XL

Is camper a member of the Quapaw Tribe or Keepers of the Flame? If so, year inducted: _____

PLEASE COMPLETE BOTH PAGES OF FORM

Registered Girl Scout / Non-Registered Girl Scout: Please check one option

Registered Girl Scout. A \$25.00 deposit per session must be enclosed. The deposit is non-refundable and will be applied to the cost of the camp session. Your daughter's troop number must be provided to validate this option. Troop # _____ Council _____

Not a currently registered Girl Scout. A \$25.00 deposit per session must be enclosed along with a \$12.00 non-registered fee. Your deposit is non-refundable and will be applied to the cost of the camp session. The \$12 non-registered fee is also non-refundable.

Help a girl go to camp with your generous donation!

Yes! I would like to help a sister Girl Scout attend camp.

\$200. Pays for a 6-day session.

Other Amount. \$ _____

Payment Summary: Please complete the following:

Session fee	\$ _____		
Non-Girl Scout fee	\$ _____	Check/ M.O. enclosed	\$ _____
Sister Girl Scout support	\$ _____	Cookie Bucks enclosed	\$ _____
Total amount due	\$ _____	Total amount enclosed	\$ _____

Please bill my credit card: \$ _____ (No less than the Required Deposit Amount.)

MC _____ Visa _____ Account. No _____ Exp. Date _____

Signature _____ Date _____

Important Health Note: On camp arrival day, the camp medical personnel have the right to refuse to admit a girl to the camp who does not meet the acceptable health conditions e.g. temperature, contagious diseases, etc. We advise that parents check camper for head lice and/or nits two or three days before camp. **Girls will not be allowed to remain at camp if lice are detected during check in procedures. We do not give refunds to those who cannot stay due to lice.**

DISABILITIES/SPECIAL NEEDS: Our goal is to provide a complete camping experience for all of our campers. To aid us in accomplishing this goal, we ask all of our applicants to inform us if they have any disabilities or special needs. We use this information to establish appropriate staffing levels and to ensure that potential accommodations are available. Please note below any special needs or disabilities. **All information is confidential.**

PARENT PERMISSION: We give our full permission for our daughter/ward _____ to attend camp and participate in all phases of the activities. We understand and agree to comply with the policies and regulations of the camp. We are willing to have our daughter transported to and be treated by a physician if necessary. We hereby authorize the Girl Scouts – Diamonds of Arkansas, Oklahoma and Texas to obtain and/or provide medical treatment and services as deemed necessary and appropriate under the circumstances. In connection with my authorization, we understand that my family health insurance will provide primary coverage for such medical treatment and services, and that the insurer of Girl Scouts – Diamonds of Arkansas, Oklahoma and Texas provides secondary coverage. We also give permission for our daughter to be photographed and further agree to allow the council to use the pictures for publicity purposes. We, the parent/guardian, have read the entire camp brochure. **Attached is a \$25 non-refundable deposit per session, which is to be applied to the camp fee.**

Parent/Guardian Signature

Date