



Date received: _____

Cookie Priority Placement
(Mark this box if you expect to sell 1,500 packages of cookies and earn priority placement at camp.)

2012 Camp Registration Form

Camper Name _____
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Mail this form to: Girl Scouts of Colorado, Summer Camp Registrar, P.O. Box 9407, Denver, CO 80209-0407
Questions? Call Customer Support at 1-877-404-5708

General information

Girl's last name _____ First name _____ Middle name _____
 School name _____ Date of birth _____ Grade in fall _____ Troop # _____
 T-shirt size: youth _____ adult _____ Preferred communication method: Email Mail (if applicable)
 Physical address _____ City _____ State _____ Zip _____ County _____
 Mailing address _____ City _____ State _____ Zip _____ County _____
 Father/guardian's name _____ Email _____
 Home phone (____) _____ Work phone (____) _____ Cell phone (____) _____
 Mother/guardian's name _____ Email _____
 Home phone (____) _____ Work phone (____) _____ Cell phone (____) _____

First

Buddy information

Place my daughter with her buddy while at (check one): Day camp Resident camp both camps OK to place without buddy
 (One name only for each type of camp. Do not list multiple buddies. Buddy placement is not guaranteed. Do not list as: "anyone from troop #.")
 Day camp buddy _____ Resident camp buddy _____

Session information

Register for all the camp sessions your daughter plans to attend by filling in the name, date and code of her first choice session. In the case that her first choice session is full, please select an alternate choice.

First Choice Session Name	First Choice Session Date	First Choice Session Code #	Alternate Session Name	Alternate Session Date	Alternate Session Code #

Middle

Session Date(s): _____

Transportation interest

I would you like to sign-up for transportation to resident camp
 6/10-15 (MS, SH, TR) 6/17-22 (MS & TR) 6/17-28 (SH) 7/29-8/3 (MS, SH, TR)
 Round-Trip (\$75) One-way (\$45) TO or FROM
 List camp session code(s): _____
 (Pick up location will be determined based on demand. Council will contact you.)

Payment information

ALL CAMPS require a \$25 registration processing fee (deposit) per session. Registration processing fees are not refundable. Make checks payable to: GSCO.
Please send separate checks for each camper.

	Check/Cash	Cookie Credit
Day camp session(s) registration processing fee OR full fee	\$ _____	\$ _____
Resident camp session(s) registration processing fee OR resident camp full fee	\$ _____	\$ _____
Resident camp transportation fee	\$ _____	\$ _____
\$12 membership fee (if not a 2011-2012 registered Girl Scout)	\$ _____	
<input type="radio"/> Check here for sister discount-10%	\$ _____	
<input type="radio"/> Check here for new camper discount-10%	\$ _____	
<input type="radio"/> Check here for referral discount-5% (For returning campers only, one referral discount per girl for one session only)	\$ _____	
Name of referred camper _____		
Donation to help a girl attend camp (optional)	\$ _____	
TOTAL ENCLOSED	\$ _____	\$ _____

To pay by credit card, complete the following:
 MasterCard Visa Discover American Express
 Charge this amount to my account:
 Full amount \$ _____
 Registration processing fee only \$ _____
 Acct. number _____ Exp. date _____
 Signature _____
 Paying by check Check # _____

By typing my name on this form, I am entering my "electronic signature" (as defined in the Uniform Electronics Act, C.R.S. 24-713-101 ff.), and certifying that I have read, fully understand and accept all terms of this registration.

Cabin or Unit: _____

Parent/guardian authorization

I have read and understand the camp information, including fee payment and refund policies. I understand that I am responsible for getting my daughter to and from camp, and/or to/from the transportation pick up/drop off point if choosing the transportation option. I understand it is necessary to provide written permission to the Camp Director if someone other than myself will be transporting my daughter to/from camp or if she will be walking, riding a bike or driving herself to/from camp. I will receive a Camper Information Packet from the Girl Scouts, which may include additional forms. I agree to complete and return these forms prior to the deadline date stated in catalog for session(s) attending. I understand that incomplete forms may result in a delay enrolling my child or missing the session of her choice.

Parent/guardian signature _____ Date _____

By typing my name on this form, I am entering my "electronic signature" (as defined in the Uniform Electronics Act, C.R.S. 24-713-101 ff.), and certifying that I have read, fully understand and accept all terms of this registration.

Allergy information

Does your camper have any allergies (medication, plant, animal)? yes no

Describe briefly: _____

Does your camper have any dietary restrictions or food allergies? yes no

Describe briefly: _____

Does your camper carry any emergency or rescue medications with them? yes no

Describe briefly: _____

Volunteers

I would like to volunteer for day camp resident camp

I am a new camp volunteer returning camp volunteer

Volunteer name: _____

Volunteer relationship to camper(s): _____

List camps for which you would like to volunteer:

1. _____

2. _____

3. _____

• **New Camp Volunteers:** For more information and an application visit girlscoutsofcolorado.org > For Volunteers > Become a Volunteer.

Once your application is approved, you will be contacted by a camp representative that will provide you with specific details of the program including required training, maps, packing lists, background checks for resident camp, etc.

• **Returning Camp Volunteers:** Use our online camp registration to register your camper. Be sure to mark the volunteer interest box marked "returning volunteer." You will be charged a \$25 deposit for each camper. A camp representative will contact you with specific details of the program including required training, maps, packing lists, background checks for resident camp, etc.

• **Resident Camp:** Adults can enjoy a camp experience by volunteering for resident camp. You will spend your days at camp, being a valued member of the staff. In exchange, you will receive a 50 percent discount on camp for your daughter while you attend for free. Volunteers will attend the same camp session as their daughters but will be placed in different cabins/units. Available dates for volunteering are:

Lazy Acres/Meadow Mountain Ranch will accept two adult volunteers at all camp sessions.

Magic Sky Ranch will accept two adult volunteers per session for 6/10-15, 6/17-22, 6/24-29, 7/29-8/3 and 8/5-10.

Sky High Ranch will accept two adult volunteers per session for 7/8-13 and 7/15-20.

Tomahawk Ranch will accept two adult volunteers per session for 6/17-22 and 7/29-8/3.

Resident Camp includes an additional extensive FBI/CBI fingerprint background due to licensing (GSCO pays for these background checks). Everyone will go through a Girl Scouts of Colorado \$12 background check and pay a \$12 Girl Scout membership fee. Exceptions include current volunteers with a FBI/CBI background check within the last three years and a current membership. Outdoor Programs will reimburse the expense for the fingerprinting charges with receipt. The cost of one camper for a resident camp volunteer is the \$25 non-refundable processing fee (deposit) provided upon registration.

• **Day Camp:** Volunteer all five days at a program marked with a volunteer icon and receive one daughter's registration free. Additional daughters and Tagalongs (boys and children under the age of 5) can attend for an additional charge of \$25 each and are not eligible for any other discounts. Men/fathers and other adults 18 and older are welcome and encouraged to volunteer as well.

If you are interested in volunteering for camp, you must contact the camp director by February 21, 2012. The camp director will schedule an interview with you and advise you on how to register your daughter for the same session. A camp volunteer's daughter's registration must be turned in by February 27, 2012 to receive placement. Any additional paperwork and/or payment are due no later than April 15, 2012. Spots are filled on a first-qualified, first-served basis and are contingent upon final approval from the camp director and background checks.

General information

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp personnel with the appropriate signatures and information about your child. Keep a copy of all completed forms for your records. Provide complete information so that the camp can be aware of your needs.

Permission to use photographs

I hereby consent that her name, image, and likeness, as shown in the video-tapes, photographs, motion picture film and/or electronic images for which she posed, and/or audio recordings made of her voice may be used by Girl Scouts of the U.S.A., Girl Scouts of Colorado and/or the American Camp Association, its assigns or successors, in whatever way they desire, including television and Web sites; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes and/or software from which they are made shall be their sole property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

Parent/guardian signature _____ **Date** _____

By typing my name on this form, I am entering my "electronic signature" (as defined in the Uniform Electronics Act, C.R.S. 24-713-101 ff.), and certifying that I have read, fully understand and accept all terms of this registration.

Authorized persons to pick up child

Persons designated to pick up child from camp: Self or Name _____

Mailing address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Cell phone (____) _____

Names of individuals NOT authorized to take the child from camp _____

If additional persons need to be listed for authorized pickup, please provide separate sheet with all required information.

Release of Liability

If we do not receive this completed form, your child will not be able to participate in any of the listed activities that pertain to the session she is attending

RELEASE OF LIABILITY

I, the undersigned, as parent or guardian of _____ [minor child's full name—please print legibly] ("My Child") hereby expressly release and forever discharge the Girl Scouts of Colorado (the "Girl Scouts"), its National Organization, directors, officers, volunteers, employees, agents, successors and assigns (the "Released Parties") from all claims and causes of actions, present and future, arising from any accidents, injuries and by reason of any and all known and unknown foreseeable and unforeseeable bodily and personal injuries, including damage to property, economic loss, mental distress, loss of companionship, personal injury, disability or death, and the consequences thereof, that have been or may hereafter be sustained by My Child while engaging in any of the following activities (the "Covered Activities") at a resident or day camp or event sponsored or conducted by the Girl Scouts:

- Horseback riding
- Boating/canoeing/white water rafting
- Rock climbing
- Backpacking
- Participation in the ropes/challenge course
- Archery

I am fully aware that some or all of the Covered Activities that My Child chooses to participate in may be potentially dangerous and may include inherent risks that no amount of pre-planning may eliminate. I acknowledge that My Child and I are choosing to have My Child voluntarily participate in these potentially dangerous Covered Activities with full knowledge and understanding of the known and unknown dangers associated with such activities.

I further agree that the legal representatives, personal representatives and heirs of myself and My Child, and any person asserting claims relating in any way to My Child's participation in the Covered Activities, intentionally, knowingly and voluntarily waive all rights, present and future, to bring any cause of action against the Released Parties for any damage to property, economic loss, mental distress, loss of companionship, personal injury, disability or death, which My Child or I sustain as a result of his/her participation in any of the Covered Activities, whether or not such damage, economic loss, mental distress, loss of companionship, personal injury, disability or death was caused by the negligence of the Released Parties.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE RELEASE OF LIABILITY AND HAVE VOLUNTARILY SIGNED IT ON THE DATE INDICATED.

Parent/guardian signature _____ **Date** _____

By typing my name on this form, I am entering my "electronic signature" (as defined in the Uniform Electronics Act, C.R.S. 24-713-101 ff.), and certifying that I have read, fully understand and accept all terms of this registration.