

Girl Scouts of Western Washington
Wapato Twilight Camp Registration Form

CAMPER'S NAME _____

Girl Scout Grades 1-6

Program Aide Grades 7-12

Parent/Guardian _____ Address _____

City _____ State _____ County _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Mobile Phone (____) _____

Email _____ This is child's first year at this camp: yes no

Date of Birth _____ Age _____ School _____ Grade (entering in Fall) _____

T-shirt Size (circle one): **Youth:** S M L **Adult:** S M L XL XXL XXXL

Name of Person(s), other than Parent/Guardian, to notify in case of emergency should we be unable to reach you:

Name _____ Phone _____ Relationship _____

Are there any special needs we should consider when placing your child in a camp unit? (e.g. severe allergies or other health or behavioral related concerns) _____

Please contact me about volunteering at camp!

GIRL SCOUT MEMBERSHIP:

Girl Scouts of Western Washington requires that all of our campers are currently registered members of Girl Scouts.

Camper is currently a registered Girl Scout - Troop Number _____ Service Unit Number _____

Camper is not currently a registered Girl Scout – Visit the My GS tab at www.girlscoutsww.org to register today. If you need further assistance, contact Customer Care at 1-800-541-9852.

PAYMENT INFORMATION

Check or money order made payable to **Wapato Twilight Camp** enclosed: Amount \$ _____

Cookie Rewards: Amount \$ _____ Cookie Rewards Card # _____
Cookie Rewards Exp Date: _____ CCV # _____

Financial Assistance: Already submitted online FA application. Not yet submitted FA application.

FINANCIAL ASSISTANCE

Girl Scouts of Western Washington provides financial assistance as needed to support members to attend programs. All financial assistance applications must be received online **no later than 30 days before the first day of camp**. Go to www.girlscoutsww.org/financialassistance for immediate grant submission if you have not done so already. Questions about financial assistance should be directed to your regional GSWW office or the Financial Assistance Coordinator at 1-800-541-9852.

CONSENT OF PARENT/GUARDIAN

As the parent/guardian having legal custody of the camper named above, who is voluntarily enrolled as a participant in the Girl Scouts of Western Washington Twilight Camp program, I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for my child to attend camp and participate in all phases of the program including off-site activities and related transportation.

I understand that my child's good health is required before attending camp. As the parent/guardian of the above child, I give permission for the above child to be photographed and/or audio/video taped during this event and for the images/recordings to be published, reproduced, or distributed by Girl Scouts and its affiliates in all outlets, including but not limited to television, newspapers, internet, council publications, recruitment materials and ads without liability or limitation or claims on my or my minor's part. I have read the statements above. I understand the information and agree to allow my child to participate in camp.

X _____ Date _____
Parent/Guardian Signature

Remember to include health forms and payment with registration.

Send registration form and payment to: Wapato Twilight Camp, 9430 South L St, Tacoma, WA 98444