

Family Registration Form

Event Name: _____

Location: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address: _____

Street

City

State

Zip Code

Email: _____ Telephone: (____) _____

I hereby give my consent that any and all photographs or video of my daughter/ward/family taken at a Girl Scout activity or event may be used by Girl Scouts of the Desert Southwest or GSUSA in whatever way they choose and remain the property of Girl Scouts of the Desert Southwest.

I hereby give permission to the leaders, staff, or agents of Girl Scouts of the Desert Southwest to obtain and administer such medical attention as might be required for the immediate care of my daughter/ward/family in the event such help of an emergency nature becomes necessary. Such permission will include the administration of such medicines or treatment as might be ordered or administered by a duly licensed medical doctor in a local hospital. In no event will Girl Scouts of the Desert Southwest, its leaders, officers, or agents be held liable for any emergency care, first aid rendered or treatment, drugs, and medical procedures performed pursuant to this consent. It is the parent or legal guardian's responsibility to keep the GSDSW Council informed of any medical changes. I understand that registered members (Girl Scouts and Adult Girl Scouts) in Girl Scouts of the U.S.A. are covered with secondary insurance.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

of Adults Attending: _____ # of Children (17 and under) Attending: _____

Family Information: (Please provide information for each person attending the event.)

1. Name: _____ Age: _____ DOB: _____

Physical or behavioral conditions that may limit this individual's participation while at this Girl Scout event:

Allergies (medication, food or other): _____

Restrictions (The following restrictions apply to this individual. Check all that apply or leave blank.)

- Does not eat red meat Does not eat pork Does not eat eggs Does not eat dairy products
 Does not eat seafood Does not eat poultry Other _____

Family Registration Form - Continued

2. Name: _____ Age: _____ DOB: _____

Physical or behavioral conditions that may limit this individual's participation while at this Girl Scout event:

Allergies (medication, food or other): _____

Restrictions (The following restrictions apply to this individual. Check all that apply or leave blank.)

Does not eat red meat Does not eat pork Does not eat eggs Does not eat dairy products

Does not eat seafood Does not eat poultry Other _____

3. Name: _____ Age: _____ DOB: _____

Physical or behavioral conditions that may limit this individual's participation while at this Girl Scout event:

Allergies (medication, food or other): _____

Restrictions (The following restrictions apply to this individual. Check all that apply or leave blank.)

Does not eat red meat Does not eat pork Does not eat eggs Does not eat dairy products

Does not eat seafood Does not eat poultry Other _____

4. Name: _____ Age: _____ DOB: _____

Physical or behavioral conditions that may limit this individual's participation while at this Girl Scout event:

Allergies (medication, food or other): _____

Restrictions (The following restrictions apply to this individual. Check all that apply or leave blank.)

Does not eat red meat Does not eat pork Does not eat eggs Does not eat dairy products

Does not eat seafood Does not eat poultry Other _____

Family Registration Form - Continued

5. Name: _____ Age: _____ DOB: _____

Physical or behavioral conditions that may limit this individual's participation while at this Girl Scout event:

Allergies (medication, food or other): _____

Restrictions (The following restrictions apply to this individual. Check all that apply or leave blank.)

- Does not eat red meat Does not eat pork Does not eat eggs Does not eat dairy products
 Does not eat seafood Does not eat poultry Other _____

6. Name: _____ Age: _____ DOB: _____

Physical or behavioral conditions that may limit this individual's participation while at this Girl Scout event:

Allergies (medication, food or other): _____

Restrictions (The following restrictions apply to this individual. Check all that apply or leave blank.)

- Does not eat red meat Does not eat pork Does not eat eggs Does not eat dairy products
 Does not eat seafood Does not eat poultry Other _____

7. Name: _____ Age: _____ DOB: _____

Physical or behavioral conditions that may limit this individual's participation while at this Girl Scout event:

Allergies (medication, food or other): _____

Restrictions (The following restrictions apply to this individual. Check all that apply or leave blank.)

- Does not eat red meat Does not eat pork Does not eat eggs Does not eat dairy products
 Does not eat seafood Does not eat poultry Other _____

Event Information, Payment & Confirmation

Event Name & Date: _____ Event Location: _____

# of Participants:	Cost of Event: (per participant)	New Membership Cost: (per non Girl Scout)	Total:
_____ Girl Scouts	\$ _____	N/A _____	\$ _____
_____ Non Girl Scouts*	\$ _____	\$12 _____	\$ _____
_____ Adult Girl Scouts	\$ _____	N/A _____	\$ _____
_____ Other Participants	\$ _____	N/A _____	\$ _____
			Total: \$ _____

* If applicable, a Girl Scout Membership Registration form must accompany this form. It is available online at www.gsdswo.org, under the Volunteers/Forms & Resources tab.

Method of Payment

Check

Cash

Desert Dollars

Credit Card Number: _____

Card Type: Visa MasterCard Amex Discover

Name as it appears on card: _____

Expiration Date: _____

Security Code: _____

Signature of Cardholder: _____

Person/s to receive confirmation of registration

A confirmation of registration will be sent via email, unless one is not provided.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Visit www.gsdswo.org for more information on upcoming events.



Council Use Only

Program Fee: _____

Membership Fee: _____

Amount Paid: _____

Check #: _____