



# Troop Event Registration Form

Event Name: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Troop Leader Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Email: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

*Girl Scouts of the USA Safety-Wise Program Standard 10 states: "Written permission from a parent or legal guardian should be obtained for participation in Girl Scouting. Leaders and girls are responsible for informing parents or guardians of the purpose of Girl Scouting; of the date, time, place of meetings; and the type of activities included in troop plans". In GSDSW Council, when activities take place outside of the scheduled meeting place or time, involve travel, or focus on sensitive or controversial topics, parent and/or guardians MUST sign written permission.*

*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 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 GSDSW Council informed of any medical changes.*

*I hereby give my consent that any and all photographs or video of my daughter/ward/family taken at a Girl Scout activity 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.*

*My child has permission to participate in the activity listed, as indicated by my signature:*

# Troop Event Registration Form - Continued

## Girls Attending:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Street

City

State

Zip Code

Physical or behavioral conditions that may limit this girl'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 \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Street

City

State

Zip Code

Physical or behavioral conditions that may limit this girl'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 \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# Troop Event Registration Form - Continued

## Girls Attending:

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code

Physical or behavioral conditions that may limit this girl'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 \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code

Physical or behavioral conditions that may limit this girl'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 \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# Troop Event Registration Form - Continued

## Adults Attending:

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code

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 \_\_\_\_\_

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code

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: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code

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: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code

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 _____	\$ _____
			Total: \$ _____

\* A Girl Scout Membership Registration form must accompany this form. It is available online at [www.gsdsww.org](http://www.gsdsww.org), under the Volunteers/Forms & Resources tab.

## Method of Payment

Check

Cash

Desert Dollars

Credit Card Number: \_\_\_\_\_

Type of Card:  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.gsdsww.org](http://www.gsdsww.org) for more information on upcoming events.**



### Council Use Only

Program Fee: \_\_\_\_\_

Membership Fee: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_