

## GS Indie Fest 2012 Registration Form

Choice(s)  Wildwood Highlands  Nemacolin Woodlands Resort  WLD Ranch

Girl Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Day phone \_\_\_\_\_

E-mail \_\_\_\_\_ Evening phone/cell \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Day phone \_\_\_\_\_

E-mail \_\_\_\_\_ Evening phone/cell \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_

Current member of Girl Scouts?  Y  N Friend Attending\* \_\_\_\_\_

**\*Bring a non-Girl Scout Friend and enter to win \$100 towards Summer Camp!**

**Indie Fest T-Shirt \$10 additional** Size:  Youth  Adult?  S  M  L  XL  XXL

**The registrant's racial background is: (optional)**

American Indian or Alaskan Native  Asian  Black or African-America  White

Hawaiian or Pacific Islander  Hispanic or Latina Other \_\_\_\_\_

**Must have information for emergency contact if parent(s) cannot be reached** (please print clearly):

Name(Relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

Name(Relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

---

### Health History – All Information provided will be kept confidential

**Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed.**

Are all immunizations up to date?  Y  N If no, please state reason: \_\_\_\_\_

Medication being taken: \_\_\_\_\_ frequency and dosage \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Dietary needs/restrictions: \_\_\_\_\_

Specific information including physical, psychiatric or behavioral problems: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

---

### Parent/Guardian Permission

The information provided above is correct as far as I know. The child named above has my permission to engage in all events and activities except as noted. If she appears ill or has a fever, I will not send her.

**Emergency Authorization:** In the event I or the above listed emergency contact cannot be reached in an emergency, I hereby grant permission to the program director to secure proper treatment for my child. **Membership:** I understand that by signing below I am giving my consent for my daughter to become a member of Girl Scouts Western Pennsylvania.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release:** Girl Scouts Western Pennsylvania (GSWPA) may use any photo in which my child appears to promote Girl Scouting.

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

**Please make checks out to GSWPA and mail along with completed registration form to GSWPA, 30 Isabella Street, Pittsburgh, PA 15212 Attn: Gina Pennline.**