

Camper Registration Day Camp:

Mail check, registration, and health form to:

**McLeod South Girl Scouts
221 Martha Street
Stewart, MN 55385**

Camper Information		Returning Camper ()	
Camper First Name:		Last Name:	Troop #:
Full Address: (street, city, state, zip)			
Home Phone:	Date of Birth: (DD/MM/YY)	School (Fall 2019):	Grade (Fall 2019):
Registered Girl Scout: (Yes (No (If No, please add a \$25 check made out to "River Valleys" and send with camper registration.)		___ she will spend Mon. night. ___ She will spend Tues. night. Attached please find the extra \$5 per night for camp	
Parent/Guardian Contact Information			
Custodial parent/guardian name:		Day phone:	Evening phone:
Address if different from above:			Cell:
Second parent/guardian name:		Day phone:	Evening phone:
Address if different from above:			Cell:
Email: (We prefer to communicate thru email so this account should be checked regularly.)			
If you don't check email regularly or prefer not to get camp info thru email check this box () and alternate communications will be used.			
Fees			
Parent volunteers needed--one day or all camp--please check what works for you--lots of hands make camp easier for everyone. ___ Mon. 8-4 ___ overnight Mon. ___ Tues. 8-4 ___ overnight Tues. ___ Wed. 8-4		Day Camp Fees (Must be included for form to be processed)	
		Program fee - \$45.00 (\$35 for MS girls)	
		overnight fee- \$5 per night	
		Adult fee for t shirt--\$15.00	+
		Cookie Credits or Fall FUNds	-
T-Shirt Size All campers receive one camp T-shirt. Please circle size. T-Shirts tend to run closer to the small size listed. Child: Sm(6-8) Med(10-12) Lg (14-16) Adult: Sm Med Lg XLg 2XL 3XL		Grant-for-Girls form submitted to council - Subtract amount:	-
		Total Enclosed:	
		Make checks payable to: McLeod South Day Camp	
Permission			
I give permission for my camper to attend day camp and participate in all activities, including overnights, which are part of the program, unless otherwise indicated. I agree to cooperate with all regulations and policies. I give permission for my camper to be photographed or recorded, and for River Valleys to use this material for publicity purposes. I will not send my camper if she becomes exposed to any contagious disease (including head lice), or if I do not consider her to be in good physical condition. I give permission for my camper to receive necessary medical treatment at area hospitals/medical centers or from the Day Camp Health Supervisor or designee. I give permission for my camper, if not currently a member, to join Girl Scouts of the USA and have enclosed \$12 membership dues. I will read and abide by communications from the day camp.			
SIGNATURE REQUIRED Parent/guardian signature			Date: