

Girl Scouts of Western New York
 Horton Hill Day Camp - Summer 2024

Camper's First Name	
Camper's Last Name	
Contact Email <i>The person who will receive emails about camp, including the confirmation for the registration, etc.</i>	
Camper's Date of Birth	
Camper's grade in Fall of 2024	
Camper's Address	
City, State, Zip	
Parent / Guardian Name	
Parent / Guardian Email	
Parent / Guardian Phone	
If we cannot reach the parent in case of an emergency, whom should we contact?	
Emergency Contact #1 Name	
Emergency Contact #1 Phone	
Emergency Contact #2 Name	
Emergency Contact #2 Phone	
Pickup <i>List the names of all adults (including yourself, if applicable) who have permission to pick up your child at the end of the camp day. (Make sure the adults know that we will be asking for identification to release your child.)</i>	
Medications <i>Will your child need to take medications (prescription OR over-the-counter) at camp? NOTE: medicines must be sent to camp in original packaging. A signed doctor's order noting dosing instructions must be included when you drop off your child and medications.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunizations <i>Parents must provide a record of the camper's up-to-date immunizations. This is a requirement of the County Health Department.</i>	<i>The online form allows for an upload, but it is actually easier if the parent can provide a printout from their pediatrician.</i>

<p>Health and Other Concerns (if any) <i>If your child has any needs, disabilities, or behavioral conditions that you feel the camp should know about, please explain in detail below. This information will be kept confidential and used only on a need-to-know basis. IF NOT, please type "None."</i></p>	
<p>Allergies (if any) <i>Please list any food or environmental allergies we should know about. Type "None" if your child has no allergies.</i></p>	
<p>Permissions <i>Please check to give permission for each of these.</i></p>	<p><input type="checkbox"/> Permission to treat in medical emergency.</p> <p><input type="checkbox"/> Permission to use photographs/video for promotion of future Girl Scout events.</p>
<p>Early Drop-off <i>Select "Yes" if you need early care for your child. Camp starts at 9am, but you could drop off as early as 8am.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Late Pick-up <i>Select "Yes" if you need after care. Camp ends at 4pm, but you could pick up as late as 5pm.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Waiver <i>Registration will be accepted until camp is full, or June 15.</i></p> <p><i>Payment in full is expected at the time of registration.</i></p> <p><i>Cancellation on or before June 29 will result in a partial refund. No refunds will be issued after June 29.</i></p> <p><i>PLEASE NOTE: as a courtesy to the volunteers running the camp and to the girls on the waiting list, please notify us of all cancellations, even after the refund date.</i></p> <p><i>I understand that my child's participation in this activity can expose her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Girl Scouts of Western New York and Friends of Horton Hill, its officers, agents, volunteers, and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby release Girl Scouts of Western New York and Friends of Horton Hill and the officers, agents, volunteers, and employees of the camp for any negligence of the camp, or its officers, agents, volunteers, or employees.</i></p> <p>Parent Signature:</p>	