

MAIL REGISTRATION FORMS TO:  
841 S. Clearview Pkwy.  
New Orleans, LA 70121

Girl Scouts Louisiana East  
[www.gsle.org](http://www.gsle.org)

PLEASE PRINT CLEARLY  
**Front & Back Form**

## Resident Camp Registration Form

- Mail to address listed above or fax with credit card information to (504) 733-8219.
- A separate registration form is required for each camper.
- Registration form must be filled out completely to be processed.
- One camper and one session per form.
- Only full payment or Camp Scholarship with Registration form will be accepted.

CHECK how you want the  
confirmation packet sent to you.  
☐ Email    ☐ Postmaster

### CAMPER INFORMATION

Camper's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Parish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Registered Girl Scout (check one)    ☐ Yes    ☐ No    Grade entering in Fall \_\_\_\_\_ Troop # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Day Cell Email

Parent/Guardian \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Day Cell Email

This camper is in the custodial care of \_\_\_\_\_

### BUDDY INFORMATION

Name of girl(s) your camper would like to have in the same cabin. Campers must request each other and submit forms by walk-in or by mail in the same envelope. Placement cannot be guaranteed.

Buddy Name(s) \_\_\_\_\_

### RESIDENT CAMP PROGRAM/CODE

1st Choice \_\_\_\_\_  
Program Name Code

2nd Choice \_\_\_\_\_  
Program Name Code

- ☐ Check here if requesting Camp Scholarship  
Attach Camp Scholarship application to this registration. (Application are DUE by March 1, 2016)

T-shirt size:    ☐ YS    ☐ YM    ☐ YL    ☐ AS    ☐ AM    ☐ AL    ☐ AXL    ☐ AXXL

### Camp Fee Checklist Amount

Session Fee		\$
*Membership Registration Fee	<b>IF NOT</b> currently a registered Girl Scout, please include \$15 Girl Scout Membership fee. Please register my camper as a Girl Scout for the 2016 membership year. Parent/Guardian Signature _____	\$
<b>TOTAL</b>	<b>DUE AT REGISTRATION — Total Balance for Camp</b>	<b>\$</b>

### Check method of payment:

- ☐ Cash    ☐ Mastercard    ☐ Visa    ☐ Discover    ☐ AMEX  
☐ Debit    ☐ Check    ☐ Money Order  
☐ Santa's Certificate(s) must be enclosed with this form. Amt. \$ \_\_\_\_\_

Credit Card Number:

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Print Cardholder's Name

X \_\_\_\_\_

Cardholder's Signature

X \_\_\_\_\_

OVER →

## Resident Camp Registration continued

### PARENT/GUARDIAN PERMISSION:

I am enclosing the full balance for camp. **I understand there is a \$50 cancellation fee for each session canceled at my request.** If the council cancels the session, no fee is applied.

I understand if my child has requested a Camp Buddy, ALL registrations and deposits must be received at the council office in the same envelope. I understand every attempt will be made to honor their request. I understand that my camper will be sharing a cabin/tent with girls similar in age. I understand that an adult camp counselor is in a cabin nearby.

My child has permission to participate in all phases of camp except as noted on the Camp Health Form, to appear in pictures for publicity purposes, including council website and related organizations websites, and to be registered as a Girl Scout if she is presently a non-Girl Scout. I have read the camp information and agree to cooperate with all policies. Campers will have the opportunity to participate in high-risk activities such as swimming, horseback riding, canoeing and/or the challenge course/climbing wall. Although care is given to greatly reduce the risk involved through safety procedures, education and equipment, I understand high adventure programs are not without an element of danger. I understand the risk involved with this type of program, and I feel the benefits outweigh the potential hazards of the program. My child has permission to take part in and travel to an activity off site of camp or between any of the Girl Scouts Louisiana East camps as part of the planned activities for my child's camp session.

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

\_\_\_\_\_  
Date

### EXPECTED CAMPER BEHAVIOR

Girls are expected to follow the Girl Scout Promise and Law, listen and follow the directions of counselors, use the buddy system, and stay within camp boundaries. No drugs, alcohol, pets, or weapons are permitted on camp property. The camp director reserves the right to send home any camper who neglects to follow camp rules, becomes a danger to herself and/or others, or damages property. No refund will be given if a child is sent home due to misconduct.

### CELL PHONE AGREEMENT

- I understand that cell phones are not appropriate at camp and I agree to leave my cell phone at home.
- I also understand that if I break this rule and I am found with a cell phone, the Camp Director will hold phone until checkout.
- The camp and camp director are not responsible for lost or damaged cell phones.
- I agree to speak to my unit counselor in the event of an emergency, homesickness, etc. so that my needs can be addressed.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Print Name of Camper

### EMERGENCY CONTACT (if parent/guardian cannot be reached)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relation to Camper

(\_\_\_\_\_)\_\_\_\_\_  
Home

(\_\_\_\_\_)\_\_\_\_\_  
Work

(\_\_\_\_\_)\_\_\_\_\_  
Cell

### RACIAL BACKGROUND

- ☐ American Indian, Alaskan Native   ☐ Asian  
☐ Black, African American   ☐ Hawaiian, Pacific Islander  
☐ White   ☐ Other

### ETHNIC BACKGROUND

- ☐ Hispanic or Latina   ☐ Not Hispanic or Latina

☐ Please check if your child needs special assistance, i.e. dietary, mobility, interpreter, etc. We will make every effort to accommodate all girls where possible. Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_