



# 2021 Summer Camp Registration Form

Please print clearly, completing both sides of form.  
Use one form per camper.

Mail to: **GSCSNJ**  
**Attn: Customer Care/Summer Camp**  
40 Brace Rd  
Cherry Hill, NJ 08034

## Camper Information

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City \_\_\_\_\_ State/Zip Code \_\_\_\_\_ Grade as of Fall 2021 \_\_\_\_\_

Parent/Guardian (1) Name \_\_\_\_\_ Preferred E-mail \_\_\_\_\_  
CampDoc.com will contact you to set up a secure account for health history information so please use an account you access daily.

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Guardian Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Relationship to camper \_\_\_\_\_

*Any person(s) other than those listed will need written permission to transport camper.*

## Please indicate participant membership status

I AM a registered Girl Scout with Girl Scouts of Central & Southern NJ.

I am NOT currently a Girl Scout. *Must include \$40 membership fee and complete shaded area below*

I am NOT currently an Adult Girl Scout. *Must include \$25 membership fee and complete shaded area below*

I am a Girl Scout in another council. Council Name \_\_\_\_\_

I am requesting Council Cares Financial Assistance. *Complete and attach Financial Assistance Application with Registration Form.*

### PERMISSION TO PARTICIPATE

My child has permission to participate in all activities offered during the regular camping day. These activities may include, but are not limited to bus transportation to and from camp, swimming, boating, hiking, archery, rock wall, zip line, outdoor cooking, and sports. Registration into programs featuring special activities, i.e. trips and horseback riding, has my permission for participation.

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

\_\_\_\_\_  
Date

## Girl Scout Membership Registration

**Membership Valid 10/1/19 - 9/30/20**

Name of School \_\_\_\_\_ in (city) \_\_\_\_\_

### Custodial Care:

- Both Parents
- Mother/Guardian Only
- Father/Guardian Only
- Other \_\_\_\_\_

### She is: (Check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander

- White
- Other (Please specify): \_\_\_\_\_

- I choose not to share at this time

### She is Hispanic or Latina:

- Yes
- No
- I choose not to share at this time

I/We acknowledge that the registrant will accept and abide by the Girl Scout Promise and Law. The registrant has permission to join Girl Scouts.

\_\_\_\_\_  
Adult Member/Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

When participating in Girl Scout activities (I or the girl I am registering) give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats for either GSCSNJ or Girl Scouts of the USA. The images will be the sole property of GSCSNJ or GSUSA. I hereby release and hold harmless GSCSNJ and GSUSA from any claim arising from the use of these images.

\_\_\_\_\_  
Adult Member/Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Payment Calculator**

**Camper Name** \_\_\_\_\_

DATE	LOCATION	PROGRAM NAME		SHIRT SIZE YS-AXXL	BEFORE & AFTER CARE OR BUSES	WEEK COST
	<input type="checkbox"/> Oak Spring <input type="checkbox"/> Inawendiwin <input type="checkbox"/> Sacajawea	<input type="checkbox"/> Day <input type="checkbox"/> Sleepaway <input type="checkbox"/> Summer Group			<input type="checkbox"/> Bus ____-____ <input type="checkbox"/> Before Care <input type="checkbox"/> After Care <input type="checkbox"/> None	
	<input type="checkbox"/> Oak Spring <input type="checkbox"/> Inawendiwin <input type="checkbox"/> Sacajawea	<input type="checkbox"/> Day <input type="checkbox"/> Sleepaway <input type="checkbox"/> Summer Group			<input type="checkbox"/> Bus ____-____ <input type="checkbox"/> Before Care <input type="checkbox"/> After Care <input type="checkbox"/> None	
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Your Deposit MUST Include:

- 1) Minimum of \$50 for each session # of sessions X \$50 = \_\_\_\_\_
- 2) Non-Girl Scouts - \$40 for Girl, \$25 for Adult membership fee, if applicable

**Payment Information**

\_\_\_ Check # \_\_\_\_\_ *Make checks payable to GSCSNJ*

Credit Card \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Amex

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Zip Code \_\_\_\_\_

*\*I authorize GSCSNJ to charge my credit card the amount listed above as "Amount enclosed" \$*

\_\_\_\_\_  
Please print Name on Credit Card

\_\_\_\_\_  
Signature

<b>TOTAL DUE</b>	<b>\$</b>
<b>Non-Girl Scout Membership fee \$40 Girl \$25 Adults</b>	<b>\$</b>
<b>DEPOSIT DUE</b>	<b>\$</b>
<b>Amount Enclosed</b>	<b>\$</b>
<b>Balance Due by June 1, 2021</b>	<b>\$</b>