

Individual Event Registration Form

Please complete and return to:
 Girl Scout - Audubon Council, Inc.
 545 Colonial Dr., Baton Rouge, LA 70806

Office Use Only

Event # _____

Date Received _____

Total Due \$ _____

Check, Cash \$ _____

Credit Card \$ _____

Cookie Dough \$ _____

Financial Aid \$ _____

Balance Due \$ _____

Receipt No. _____

Conf. sent _____

Received By Init. _____

Event _____ Date _____ Fee\$ _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Grade _____ Birthdate _____ School _____ Troop # _____

Age _____ 11 - 13 _____ 14 - 15 _____ 16 - 18 _____ Adult _____ GSUSA ID# _____

Parent or Guardian's Name _____

Home telephone _____ Work telephone _____

Our goal is to provide a positive experience for all girls. To assist us in preparations (staff, etc.). Please list any special needs (religious customs, disabilities, etc.) which may need special accommodation/attention. _____

The following individuals are authorized to pick up my daughter at the conclusion of the event:

IMPORTANT: Health information and parent/guardian's signature are required for all program events.

HEALTH INFORMATION:

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Date of last health examination. _____

CHRONIC OR RECURRING ILLNESS/ALLERGIES

<input type="checkbox"/> Ear infection	<input type="checkbox"/> Hay fever	FOOD ALLERGIES	DATE OF LAST BOOSTER
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Plants	_____	DPT _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Insect Stings	_____	Tetanus _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Penicillin	_____	Polio _____
<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Animals	_____	MMR _____
<input type="checkbox"/> Menstrual cramps	<input type="checkbox"/> Other Drugs	_____	

(specify): _____

Medications your child is taking _____

For what reason(s)? _____

Physical limitations _____

My daughter is under the custodial care of: _____

CONSENT OF PARENT OR GUARDIAN:

My daughter, _____, has my permission to participate in _____ event. I also give my permission for my daughter to be photographed and allow Girl Scouts - Audubon Council, Inc. to release said picture(s) for publicity purposes. If I cannot be reached at home or at work in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____ Telephone: _____

Address: _____

Relationship to participant: _____

I agree that any photographs, artwork, audio, video, or writing may be used by Girl Scouts – Audubon Council, its assigns or successors, in whatever way they desire, including television, CD-ROMS, and any other form for the storage, retrieval and reproduction of information, images; furthermore, I hereby consent that such information photographs, videos, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, recordings, and plates as they may desire free and clear of any claim whatsoever on my part.

 Parent/Guardian or Adult Participant

 Date

Payment

When paying by credit card...

_____ MasterCard _____ Visa _____ Discover _____ American Express

Account _____ Exp. Date ____/____/____

Total Amount \$ _____ Name as it appears on card _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date ____/____/____