

Adventurama: Skills & Thrills

Registration Form

Girl Name _____ Grade in Fall 2018: _____ Troop: _____

Please circle the sessions your girl will be participating in.

Date	Session (Grades 1-3)	Session (Grades 4+)
June 1	Orienteering & Geocaching \$10	Letterboxing & Geocaching \$10
June 15	Bugs & First Aid \$20	Emergency Survival & First Aid \$20
June 29	Cabin Camping (This session begins July 28) \$30	Camp Cooking \$30
July 13	Hiking at Mt Falcon (This session is available for all grades) FREE	Hiking at Mt. Sherman (This session is available for grades 5+ and extends to July 14) \$25
July 27	Knots \$10	Knives & Knots \$15

If you selected Orienteering:

___ I would like to purchase a baseplate compass for my girl to keep (\$10)

If you selected Cabin Camping, please initial:

___ I understand that this is an overnight adventure.

If you selected Mt. Sherman, please initial:

___ I understand that this is an overnight adventure and that the hike is very strenuous. By initialing here, I attest that my girl is in good physical shape and is capable of a 5+ mile hike at altitude.

If you selected Knives & Knots:

___ I will provide a pocket knife for my girl to use.

___ I would like to purchase a pocketknife for my girl to use (\$10)

TOTAL:

Week 1: \$_____

Week 2: \$_____

Week 3: \$_____

Week 4: \$_____

Week 5: \$_____

Extras: \$_____

GRAND TOTAL: \$_____

Please make all checks out to Troop 62064. Mail to 28555 Memorial Park Way, Conifer CO 80433.



Girl Health History and Registration Form for Adventurama: Skills & Thrills

This form must be completed in full for every participant of Adventurama: Skills & Thrills, regardless of the sessions she is enrolled in.

Please type or write clearly and legibly.

Name of Minor: (Last, First, Middle Initial)		Date of Birth: (XX/XX/XXXX)	
Address:		City:	St: Zip:
Parent or Guardian:		Phone:	Alternate Phone:
Parent or Guardian:		Phone:	Alternate Phone:

Emergency Contact Information (parent/guardian):

Emergency Contact:	Relationship:
Phone:	Alternate Phone:

Health Insurance Information

(Family insurance is primary insurance in case of accident or illness, Girl Scout insurance is secondary.)

Policy Holder's Name:	Policy Number:
Insurance Company Name:	Group Number:
Insurance Company Address:	Insurance Company Phone:

Check all that apply and explain in detail checked answers:

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Sleep disturbances
<input type="checkbox"/>	Heart Defects/Disease	<input type="checkbox"/>	Fainting
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Bed wetting
<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	Constipation
<input type="checkbox"/>	Musculoskeletal Disorders	<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	Convulsions/Epilepsy/Seizures	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Sinusitis (Sinus Infections)	<input type="checkbox"/>	German Measles
<input type="checkbox"/>	Physical Restrictions	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Kidney/bladder illness	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Mental/psychological disorder	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Eating Disorders (Anorexia, Bulimia, etc.)
<input type="checkbox"/>	Nosebleeds	<input type="checkbox"/>	Headaches/Migraines
<input type="checkbox"/>	Has begun menstruation	<input type="checkbox"/>	Had surgery or hospitalized in the last 5 years
<input type="checkbox"/>	Menstrual cramps	<input type="checkbox"/>	Currently under doctor's care
<input type="checkbox"/>	Bleeding disorder	<input type="checkbox"/>	Emotional – Separation Anxiety
<input type="checkbox"/>	Other:		

Please explain in detail all checked answers marked above:

Girl Name: _____

Allergies: Please list all allergies, the type of reaction and its severity, treatment and date of last reaction. Include allergies to medications, food, bees, animals, plants, etc.

Allergies	Reaction/ Severity	Treatment	Date of last Reaction
1.			
2.			
3.			

Does your daughter suffer from Anaphylaxis? Yes No

*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

Does your daughter carry an EpiPen? Yes No

Does your daughter carry an inhaler? Yes No

Medical Conditions (including any precautions or restrictions on activities)

Name of Condition	Effects
1.	
2.	
3.	

Medications: List any medications she is currently taken (or has taken in the recent past) including dosage schedule and specific instructions for use. Also, please indicate (Yes/No) if minor is allowed to take the medication on her own or if she should be monitored by an advisor. This would include any type of birth control.

Medication	Purpose	Dosage Schedule	Specific Instructions	Self-Medicate? (Yes/No)
1.				
2.				
3.				
4.				

Over-the-Counter Medications: My daughter has permission to take over-the-counter medications in case of accident or injury. Please check all that she has permission to take:

- | | |
|--|--|
| <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Imodium (anti-diarrhea) |
| <input type="checkbox"/> Aspirin (fever reducer) | <input type="checkbox"/> Dramamine (motion sickness prevention) |
| <input type="checkbox"/> Ibuprofen (pain/swelling) | <input type="checkbox"/> Skin Ointments (in case of rash, antibacterial, athlete's foot, etc.) |
| <input type="checkbox"/> Benadryl/Antihistamine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Robitussin/expectorant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sudafed/decongestant | |
| <input type="checkbox"/> Pepto Bismol | |
| <input type="checkbox"/> Tums/antacid | |

Special considerations or notes regarding over-the-counter medications:

Does your child have a Special Medical or Dietary Regiment to be followed? Yes No

If so, please explain: _____

Have you ever had any adverse reactions to general anesthetics? Yes No

If so, please explain: _____

Any other information not covered in this form that is important that advisors for this trip know: _____

Girl Name: _____

Date: _____

Permission for Emergency Medical Treatment

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Colorado to seek treatment for my child/dependent by a licensed physician pursuant. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History form. **If permission is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.**

Health Information Privacy Statement

This form will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant or their legal representative. I have read the above procedures for handling this form and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

This form is complete and accurate. My daughter has permission to engage in all prescribed activities, except as noted.

Signature of Parent/Guardian: _____

Date: _____

I understand there are numerous risks associated with participation in any camping activities, including trips, slips, scrapes, bruises, broken bones, and falls from a height (horseback, rock climbing, or other activity), drowning, and even death. Many, but not these risks are inherent in these and other activities that my child participates in through Girl Scouts of Colorado.

Equipment used in the activity may break, fail or malfunction, despite reasonable maintenance and use. Some of the equipment used in activities may inflict injuries even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and to others.

Counselors, volunteers and guides use their best judgment in determining how to react to circumstances including, but not limited to, camper injury and evacuation, car accident, and incidents with non-Girl Scout users. The counselors and guides may misjudge such circumstances, an individual's capabilities and the like.

These are some, but not all, of the risks inherent in camping activities; a complete listing of inherent and other risks is not possible. There are also risks which cannot be anticipated. I give my permission for my child to participate in all camp activities, including those described above. I acknowledge and assume the risks involved in these activities, and for any damages, illness, injury or death resulting from such risks for myself and my child.

I agree to indemnify and hold harmless Girl Scouts of Colorado, its employees, representatives, and agents from any claims, actions, or liabilities (including reasonable attorney fees), for any occurrences which result in any injury, illness, accident or harm of any kind to Participant while participating in the above referenced event or activity.

I also expressly agree to release and discharge Girl Scouts of Colorado, its employees, representatives, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical service. In signing this document, I fully recognize and understand that I am giving up my right and participant's right to make a claim or file a lawsuit against Girl Scouts of Colorado even if they or the event operator negligently or by some other act or omission cause injury or damage to participant.

I agree that this Release of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Colorado and that if any portion thereof is held to be invalid, the balance of the agreement shall continue in full legal force and effect.

As parent or legal guardian of a participant under 18 years of age, I voluntarily agree that said minor may participate in the above referenced event or activity, and sign this release on their behalf. I understand that this is a release of all claims that is binding on myself, my heirs, members of my family, personal representatives and assigns. I understand that I am assuming all risk inherent in the above referenced event or activity. I voluntarily sign my name as evidence of my acceptance of the above provisions.

I have read and understand this document, and agree to the terms and conditions above.

I will not sign this waiver. I understand that by making this choice, my camper cannot attend camp and full fees will be refunded within four weeks.

Signature _____ Date: _____