



Girl Scout Theme Days

South Central Registration Form

Rose Rysavy

Is your daughter currently a registered Girl Scout? ☐ Yes ☐ No
If yes, what troop? _____ and complete Parts 1, 2, 3, 5, 6 and 7.
If no, complete Parts 1, 2, 3, 4, 5, 6 and 7.
* If financial assistance is needed, please complete the back of this form.

Part 1: Theme Day Information (as many as desired)

Location: _____	Date(s): _____
Location: _____	Date(s): _____
Location: _____	Date(s): _____
Location: _____	Date(s): _____

Part 2: Girl Information

Name: _____
Birthday: (Month/Year) _____ / _____ Grade: _____ School Name: _____
Address: _____ Apt. Number: _____
City: _____ State: _____ Zip: _____

Part 3: Parent Information

Mother's Name: _____	Employer: _____	Email: _____
Address (if different than girl): _____	City: _____	State: _____
Zip: _____ Home Phone: _____	Business Phone: _____	Cell Phone: _____
Father's Name: _____	Employer: _____	Email: _____
Address (if different than girl): _____	City: _____	State: _____
Zip: _____ Home Phone: _____	Business Phone: _____	Cell Phone: _____

My daughter is under the custodial care of: (check one)

☐ Both parents ☐ Mother Only ☐ Father Only ☐ Other _____

Part 4: New Girl Scout Information

The additional \$10 on the fee for non-registered girls includes membership to Girl Scouts of the USA for the current 2008/2009 membership year. This does not earlybird register current Girl Scouts for the 2009/2010 membership year. If financial assistance is needed, please complete the back of this form as well.

(Optional) Please check racial/ethnic background:

☐ American Indian ☐ Asian ☐ Black or African-American ☐ White ☐ Hawaiian/Pacific Islander ☐ Hispanic/Latina ☐ Other

Part 5: Emergency Contact (other than parent)

Name: _____ Daytime Telephone: _____
Relationship to girl: _____ Cell Phone: _____

Name of family physician: _____ Telephone: _____
Family medical/hospital insurance carrier: _____ Policy Number: _____

List any allergies, illnesses, injuries, or other health conditions: _____

List any medications currently being used: _____

Part 6: Parental Consent

I, as the parent/legal guardian of _____ authorize my child to participate in all phases of the Girl Scouts of Greater Iowa's Theme Days. I hereby consent to register my daughter for the Girl Scout program. The registration will expire on September 30, 2009. In case of injury or illness, I give my permission for my daughter to be seen by the first aider and/or a qualified physician if deemed necessary. Where immediate care is necessary, the Girl Scouts of Greater Iowa staff has permission to seek medical attention. I hereby consent and agree that any photo/video taken of my daughter by Girl Scouts of Greater Iowa become property of said Council. Photos/videos may be used for any legitimate publicity/promotion without compensation.

Signature of Parent/Guardian: _____ Date: _____

**** If you would like to help, please complete the Volunteer Information section on the back of this form.**

Please mail to: Girl Scouts of Greater Iowa, 10715 Hickman Road, Des Moines, IA 50322