

# CAMP MITRE PEAK

## 2008 CAMPER REGISTRATION

Return to: GSPB Attn: Camp Registrar 5217 N Dixie, Odessa, TX 79762  
 Council Office: 800.594.5677 ext. 307 FAX 432.550.9754 EMAIL: CAMPINFO@GSPB.ORG

Camper Name: \_\_\_\_\_ Buddy's Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Camper's Relationship to Responsible Party \_\_\_\_\_  
 School: \_\_\_\_\_ Grade Fall '08: \_\_\_\_\_ T-Shirt Size A: S M L XL 2XL or Y: S M  
 Home Phone # \_\_\_\_\_ Mother Cell # \_\_\_\_\_ Father Cell # \_\_\_\_\_  
 Mother Work # \_\_\_\_\_ Father Work # \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Responsible Party: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Occupation/Firm: \_\_\_\_\_ Fax: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Camper's Social Security # \_\_\_\_\_ Registered Girl Scout: \_\_\_ Yes (Troop # \_\_\_\_\_) \_\_\_ No  
 Ethnicity: \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander \_\_\_ Native American/Alaskan Native

# Weeks Attending	Program # Name 1 <sup>st</sup> Choice	Program # Name 2 <sup>nd</sup> Choice	Program Fee Due
1 <sup>st</sup> Week June 15-21			
2 <sup>nd</sup> Week June 22-28			
3 <sup>rd</sup> Week June 29-July 5			
4 <sup>th</sup> Week July 6-12			

Check: **Stay 'N Play(s)** attending: \_\_\_ 1 & 2 \_\_\_ 2 & 3 \_\_\_ 3 & 4

Column A	Total from Column A	\$ _____
<b>Total Program Fee(s)</b> (Week 1,2,3,4)	\$ _____	
<b>Plus other charges:</b>	+ \$ _____	
<b>+ Stay 'N Play(s) - \$50 each</b>	+ \$ _____	
<b>+ Membership Fee \$10</b>	+ \$ _____	
<b>+ Riding Helmet Purchase \$30 (optional)</b>	+ \$ _____	
<b>Total of Column A</b>	= \$ _____	
	<b>Minus Discount Coupon, Deposit</b>	
	- Sister/Trained Leader <small>(Permian Basin Girl Scouts Only)</small>	- \$ _____
	- Cookie Credit Coupon Amt + 20% =	- \$ _____
	- Deposit(s) \$50 each program	- \$ _____
	- Credit Card Charge	- \$ _____
	<b>Total Program Fee</b> <small>(Column A)</small>	= \$ _____
	<b>Total Enclosed</b> <small>(Minimum \$50 Deposit)</small>	- \$ _____
	<b>Balance Due</b>	\$ _____

### CREDIT CARD AUTHORIZATION

Name on card: _____	Amount \$ _____
Card # _____	Expiration Date: _____
Card Type: ___ Master Card ___ Visa ___ Discover ___ American Express	
Signature: _____	

Please check one of the following statements and sign below:

\_\_\_\_ **To receive a FREE CAMPER TSHIRT, I am registering and paying the full camp fee by May 15, 2008.**

\_\_\_\_ A \$50.00 deposit for each camp session (and any portion of the camp fee) is enclosed. I understand the **balance of total camp fees is due on May 26, 2008.**

**Based on availability, girls may register for a program and pay in full one week prior to arrival at camp.**

**Registration Form, Confidential Camper Form, and Health Form pages 1-4 (except Doctor's Exam Page 5) must ALL be submitted at the time of registration. Doctor's Exam Page must be submitted two weeks prior to arrival. If not possible Camp Registrar must be notified as to date form will arrive.**

In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge Camp Mitre Peak, its agents, contract services, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

While Camp Mitre Peak will make every attempt to provide reasonable accommodations for mentally & physically challenged children, the camp will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy camp programs. A parent/guardian must discuss with the camp registrar any special condition or circumstances involving their child. This must be completed prior to registration so that we can advise you as to whether we can make a reasonable accommodation for your child.

I agree to have my child examined within a reasonable time period prior to the opening of camp by the family physician stating she is free from communicable disease and has not been exposed to such. Health forms can be found at <http://www.gspb.org/camping/cmphealthform.pdf>

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine test, treatment; to release any record necessary for insurance purposes; and to provide or arrange necessary related transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child.

I give permission to GSPB, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for purposes of promoting or interpreting Camp Mitre Peak programs and release the camp from any claim or liability to that use.

I give my consent for my child to leave the campsite, participate in authorized camp trips and to ride in authorized vehicles for the purpose of transportation in connection with Camp Mitre Peak.

Admission as a Camp Mitre Peak camper carries many privileges and responsibilities. We expect campers to participate in the total life of camp to work, play, worship and live together. We do not allow the use of tobacco, alcohol, illegal drugs, or weapons.

Application signifies understanding and acceptance of these responsibilities. Violators will be dismissed without a refund. In addition, should a behavior or discipline problem affect our work with other campers or their enjoyment of Camp Mitre Peak we reserve the right to dismiss those campers responsible, without refund.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Girl Scouts®**  
**Where Girls Grow Strong<sup>SM</sup>**

**Girl Scout Promise**

On my honor, I will try:  
To serve God and my country,  
To help people at all times,  
And to live by the Girl Scout Law.