

Girl Scouts of the Permian Basin
Camp Mitre Peak Day Camp 2008
August 5-7, 2008
9:00 am - 4:00 pm

Registration Form

Child's Name _____ D.O.B. _____

Address: _____ Phone: _____

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Emergency Contact: _____ Daytime Phone: _____

Grade the child will be entering in the fall of 2008 _____

Person Responsible for child pick-up:

Day 1 _____ Phone # _____

Day 2 _____ Phone # _____

Day 3 _____ Phone # _____

Please note: We will not release your child unless you have previously arranged for pick-up by another adult. If your child needs to go home with someone else, you **MUST** send a signed note **NO LATER** than the morning of the day in which the child will go home with another adult.

Pricing:

Registered Girl Scout: \$60.00 (Deduct \$10.00 if you are a CMP Day Camp Volunteer)

Non-Registered Girl: \$70.00 (\$60.00 program fee and \$10.00 Girl Scout registration)

All fees include two snacks and lunch each day plus a camp T-shirt.

Payment:

Amount Enclosed: _____ Check No.: _____

Visa/Mastercard No.: _____ Exp. Date: _____

Name as appears on card: _____

I authorize Girl Scouts of the Permian Basin to charge my card in the amount of _____.

Signature: _____ Date: _____

**Send completed form, along with payment to:
CMP Day Camp, 5217 N Dixie, Odessa TX 79762.
or e-mail the completed form to: programhotline@gspb.org**

T-Shirt Size:

YS ____ YM ____ YL ____

AS ____ AM ____ AL ____ AXL ____ AXXL ____

Health Questionnaire:

Family Physician: _____ Phone: _____

Family Insurance Carrier: _____ Policy/Group #: _____

Insurance Phone Number and Address: _____

Please attach a copy of your insurance card if possible!

Does your child have any of the following:

Asthma Diabetes Other _____

Allergies (please list below ANY and ALL allergies your child may have)

_____ Life Threatening: Y N

_____ Life Threatening: Y N

_____ Life Threatening: Y N

What is your first line of action in responding to above allergy?

AUTHORIZATION

I hereby authorize the doctor, dentist, or such medical agency chosen to render the necessary medical care, first aid and/or medical treatment or service for the health and welfare of my child. Person engaged in helping my child are hereby expressly relieved of any liability for damage that may result from injury incurred while participating in this activity or their good faith effort to render such necessary emergency care and assistance as may be needed. I also understand that insurance coverage through the GSPB covers \$100.00, after which my personal insurance takes over.

Parent/Guardian Signature

Date

Overnight Camping at CMP:

Overnight camping at Camp Mitre Peak is available for registered Girl Scouts and registered chaperones on a first-come, first-serve basis. Facility availability and fee information can be obtained by contacting Judy Shields in Odessa Council office at 800-594-5677 or 432-550-2688, ext. 310, e-mail at j.shields@gspb.org or in person at Girl Scouts of the Permian Basin 5217 N Dixie, Odessa TX 79762.

Space is limited to 50 girls so register early!