



### Registration for Girl Scouts and Event:

Girl Name: First \_\_\_\_\_ Last \_\_\_\_\_ Address \_\_\_\_\_  Apt  Lot  PO Box Number \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Family E-mail Address \_\_\_\_\_  
 Girl is (check one):  New to Girl Scouts\*\*  Re-registering Girl Scout\*\* (Troop # \_\_\_\_\_)  Registered Girl Scout (Troop # \_\_\_\_\_)  
 Dietary Restrictions, Medications, Health Concerns, or Other Special Needs \_\_\_\_\_

By signing this form, I acknowledge that the registrant will make the Girl Scout Promise, accept the Girl Scout Law, and has my permission to join Girl Scouts and attend the event listed above. I understand that when participating in Girl Scout activities, the registrant may be photographed for print, video, or electronic imaging and that these images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout council or Girl Scouts of the USA. I acknowledge that these images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*If girl is new to Girl Scouts or re-registering, please provide the following additional information:**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School \_\_\_\_\_ School Name \_\_\_\_\_ School City, State \_\_\_\_\_  
 Interest Areas (check all that apply):  Camp  Series  Troop  Events  Travel  Virtual Number of Years in Girl Scouts \_\_\_\_\_  
 Girl is in custodial care of (check one):  Both Parents  Mother/Guardian Only  Father/Guardian Only  Other \_\_\_\_\_  
 Full Name of Mother/Guardian \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Day/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  **Yes! I can help at this event.**  
 Full Name of Father/Guardian \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Day/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  **Yes! I can help at this event.**  
 Full Name of Emergency Contact (if parents cannot be reached) \_\_\_\_\_  
 Day/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Girl \_\_\_\_\_

**OPTIONAL** – Please check girl’s racial background:  American Indian or Alaskan Native  Asian  Black or African-American  
 White  Hawaiian or Pacific Islander  Other \_\_\_\_\_  
**OPTIONAL** – Please check girl’s ethnic background:  Hispanic or Latina  Not Hispanic or Latina