

CLARKSVILLE AREA GIRL SCOUT TWILIGHT CAMP

DATE: June 12-16, 2023
TIME: 4:30 pm – 8:00 pm
PLACE: Rotary Park, Clarksville, TN
WHO: GIRLS ENTERING THE 1ST GRADE AND UP.

COST: \$ 50.00 Registered Girl Scouts
\$ 60.00 Non-Girl Scouts
\$ 10.00 Late Fee – apply to all registrations received
after May 19th.

Checks or money orders only.

FEES INCLUDE: T-SHIRT, CAMP PATCH, CRAFT SUPPLIES, AND SNACKS.

What to wear: Dress for the weather in play clothes, NO halter tops, swimsuits, short shorts, crocs or sandals.

What to bring: Waterproof sit-upon, hat or bandana, plastic water bottle and smiles!

Activities: Arts & Crafts, Camping, Archery / Outdoor Skills, Songs & Games. Snacks will be provided daily.

**PLEASE MAKE CHECKS PAYABLE TO:
GIRL SCOUT TWILIGHT CAMP #20**

RETURN REGISTRATION FORM AND PAYMENT BY May19th to:

**Cindy Weaver
1226 Redwood Lane
Clarksville TN 37042**

**REFUND POLICY: REFUNDS WILL BE HONORED UP TO TWO WEEKS
PRIOR TO CAMP. AFTER June 1st REFUNDS WILL BE RETURNED ONLY
UPON RECEIPT OF MEDICAL STATEMENT SIGNED BY A PHYSICIAN.**

For more information contact:
Cindy Weaver 931-237-5265
twilightcamp20clw@gmail.com

TWILIGHT CAMP REGISTRATION FORM

Registration Procedure: Please complete the information below for each child attending Twilight Camp. Detach and mail the registration form along with a check or money order to the address indicated on the previous page by May 19, 2023.

Before Mailing: Please make sure that the registration form and the Health History on the back page are signed by Parent or Guardian.

Camper's Name _____

Birth Date _____ Age _____ School Grade in Aug. 2023 _____

Level of Girl Scouting in August 2023:
Daisy -- Brownie -- Junior -- Cadette & Older --- Non-Scout

Camper's Address _____

Parent/Guardian _____

Parent/Guardian's email _____

Phone # where You can be reached during camp _____

Circle Camper's T-Shirt size:

YOUTH: SM(6-8) MED(10-12) LG(14-16)

ADULT: SM MED LG XL 2X 3X

I GIVE MY PERMISSION FOR MY DAUGHTER TO ATTEND THE CLARKSVILLE AREA GIRL SCOUT TWILIGHT CAMP AND PARTICIPATE IN ALL CAMP ACTIVITIES. I AUTHORIZE EMERGENCY MEDICAL TREATMENT FOR MY CHILD IF NECESSARY. I HAVE READ AND UNDERSTAND THE REFUND POLICY OF THE CAMP.

IN ADDITION, I _____ **ALLOW** OR _____ **DO NOT ALLOW** MY DAUGHTER'S PHOTOGRAPH FROM CAMP TO BE USED FOR FUTURE GIRL SCOUT PROMOTIONS.

SIGN (PARENT/GUARDIAN) _____

PARTICIPANT'S HEALTH HISTORY

IN CASE OF EMERGENCY NOTIFY

Name _____

Phone # _____

ALLERGIES:

Check those that Apply and Specify Nature of Allergic Reaction

Animals _____ Hay Fever _____

Pollen _____ Insect Stings _____

Plants _____ Food _____

Medicines/Drugs _____

Other Specify _____

**** HEALTH INFORMATION PRIVACY STATEMENT ****

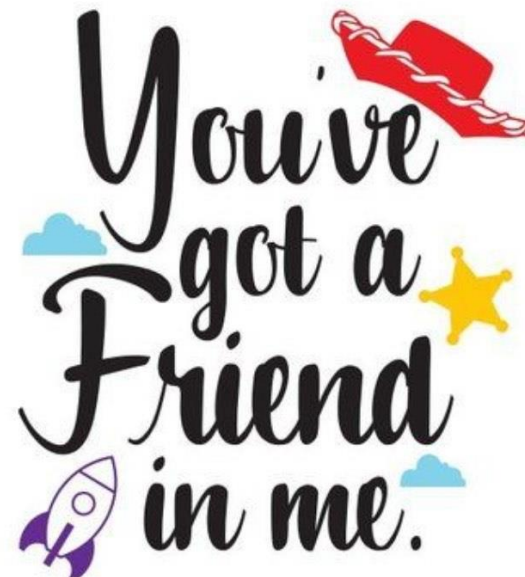
The health history is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteer in order to provide adequate participant safety and health care. The health form will be retained by the sponsoring Council or GSUSA until it is destroyed. Access to the information will be limited but copies may be requested from the event sponsor, by the participant or their legal guardian.

I have read the above procedures for the handling of my child's health form information and I agree to the release of any records necessary for treatment in case of an emergency.

Signature of Parent/Guardian _____

IMMUNIZATION HISTORY: IF YOUR CHILD DOES NOT ATTEND PUBLIC SCHOOL PLEASE ATTACH A COPY OF HER IMMUNIZATION RECORD.

GIRL SCOUT TWILIGHT CAMP



June 12th-16th

4:30 pm – 8:00 pm

Rotary Park

Clarksville, TN