

Girl Scouts of NOARK Council  
**COUNCIL PROGRAM REGISTRATION FOR INDIVIDUALS**  
*Form expires September 1, 2008*

- An Individual Girl is a girl *not* registered as a Girl Scout *or* a Girl Scout not accompanied by a troop.
- Complete BOTH sides of this form.
- Send completed form and program fee on or before the registration deadline.
- Make checks payable to Girl Scouts of NOARK Council & mail to:  
 Girl Scouts of NOARK Council, 2080 E. Joyce Blvd., Fayetteville, AR 72703
- Forms with credit card payment may be faxed to 479-695-1824
- Due to safety-issues siblings are not permitted at Council Programs.

Program Name:		Program Date:	
Program Location:		Program Time:	
Girl's Name : (First)		(Middle)	(Last)
Date of Birth:	School Name:	Grade in School:	
Address:		City:	Zip:
<i>The following information is requested to measure progress toward serving all girls in our jurisdiction</i>			
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Also of Spanish/Hispanic origin			
Parent's Name:		Email Address:	
Day Phone #: ( )	Evening Phone #:( )	Cell Phone #: ( )	
<b>* An adult must attend the program if the girl is attending a Daisy, Brownie or Junior Program. (K – 6<sup>th</sup> grades)</b>			
Name of Adult Attending:		Relationship:	
<b><u>PAYMENT INFORMATION</u></b>			
		Program Cost per Girl	\$ _____
(Only for a girl not currently registered as a Girl Scout. Paid once a year).		Girl Scout Registration Fee	\$ <u>10.00</u>
		(If applicable) Amount of Cookie Credits used for this program (\$ _____)	
Subtract <i>Cookie Credit</i> Total from Cost		Girl Total Owed	\$ _____
# of Adults Attending _____	X Program Cost per Adult	\$ _____	= Adult Total Owed \$ _____
		(If No Charge put \$0)	
		<b>TOTAL AMOUNT (Girl &amp; Adult) ENCLOSED</b>	\$ _____
<b>Please complete if paying by credit card.</b>			
		<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD
Account #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp. Date:	<input type="text"/>
Cardholder's Signature	<input checked="" type="checkbox"/> <input type="text"/>	Date:	<input type="text"/>
My daughter/ward has my permission to join Girl Scouts and participate in the program listed on this form. I hereby release and hold harmless Girl Scouts of NOARK Council for any and all claims, liability, causes of action, damage costs and other expenses arising from, out of, or associated with my child's participation in the program listed above. My signature below evidences my release of Girl Scouts of NOARK Council, its employees and agents, as to the specified program. I understand that when participating in Girl Scout activities my daughter/ward may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for either the NOARK Council or Girl Scouts of the USA. I acknowledge that the images will be the sole property of the NOARK Council or Girl Scouts of the USA.			
Parent/Guardian Signature: _____		Date: _____	

**Complete if girl is attending a Daisy, Brownie or Junior Program (K-6<sup>th</sup> grade)**

**Important Participant Information:** Include allergies, diet, physical accommodations, etc.

**During this activity, if you are not the adult in attendance with your daughter/ward:**

- Do we have permission to give your daughter minor First- Aid?  yes  no
- Do we have permission to give your daughter an aspirin-substitute (acetaminophen)?  yes  no

**During this activity I may be reached at:**

Day Phone #: Evening Phone #: Cell Phone #:

**If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:**

Name: Relationship:

Day Phone #: Evening Phone #: Cell Phone #:

***Girl T-shirt size:*** Complete ONLY if attending the "Tennis Anyone", Jr. GirlSports Day, or Sugar Loaf Mtn. Challenge program.

YM  YL  AS  AM  AL  AXL

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**Complete if girl is attending an Older Girl Program (7<sup>th</sup>-12<sup>th</sup> grades)**

**Important Participant Information:** Include allergies, diet, physical accommodations, etc.

- Do we have permission to give your daughter minor First- Aid?  yes  no
- Do we have permission to give your daughter an aspirin-substitute (acetaminophen)?  yes  no
- She is currently taking the following prescribed medication: (Please give dosage instruction if medication is to be administered during this activity.) \_\_\_\_\_

**During this activity I may be reached at:**

Day Phone #: Evening Phone #: Cell Phone #:

**If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:**

Name: Relationship:

***In the event I am unable to pick my daughter up from this activity I authorize the following person(s) to pick her up. They are aware that they will have to show identification at that time.***

Name: Relationship:

Name: Relationship:

***Girl T-shirt size:*** Complete ONLY if attending the Sugar Loaf Mtn. Challenge program.

YM  YL  AS  AM  AL  AXL