



ETC¹⁴ (Every Thing Covered) - September 12th - 14th, 2008

GIRL SCOUTS HEART OF THE HUDSON – ROCK HILL CAMP

Registration begins May 1st, 2008. Sorry, no phone registrations. Return this completed form and the completed medical form – along with your payment and a Self-Addressed Stamped Envelope (2 stamps required) to ETC. Girl Scouts Heart of the Hudson, Attn: Administration 2 Great Oak Lane, Pleasantville, NY 10570. Please make checks payable to GSHH.

Please **PRINT** neatly and check ALL appropriate lines:

NAME: _____ Home Phone: _____

Address or PO Box: _____ City: _____ State: _____ Zip: _____

Email: _____ Community: _____

T-Shirt Size: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

Are you a Registered Girl Scout?: Yes _____ No _____ Program Level: _____

I will attend: **SATURDAY DAY ONLY:** _____ **WEEKEND:** _____ **FRIDAY NIGHT:** _____ **SATURDAY NIGHT** _____

BOTH FRIDAY AND SATURDAY NIGHT: _____

I will attend: Saturday **Breakfast:** _____ Saturday **Lunch:** _____ Saturday **Dinner:** _____ Sunday **Breakfast:** _____

Rates include all fees, patch and/or rocker, meals, T-Shirt, lodging and Tote Bag. Please make payment by check, made payable to: GSHH.

DAY PARTICIPANTS: \$45.00 _____ **DAY WORKSHOP LEADERS:** \$25.00 _____

WEEKEND PARTICIPANTS: \$60.00 _____ **WEEKEND WORKSHOP LEADERS:** \$40.00 _____

OVERNIGHT/RUSTIC CAMPING – 10-1/2 hours of training from Friday – Sunday \$65.00: _____

This program, specially designed by Gail McBride and run by Kristy Rudel, teaches advanced camping skills. Fee includes registration fee, patch, tote bag, T-Shirt and meals. Saturday night activities and ONE additional workshop (Saturday afternoon) also included. Pitch a tent and prepare your own meals (recipes and food is provided). The primitive site has latrines and running water – the Explorer bathhouse will also be available. **PREREQUISITE:** Overnight Outdoor Training. (formerly COT, Second Adventure, OLS II, TCC, Troop Camp License)

ETC WORKSHOP CHOICE SELECTION

Please list your workshop selections below. Be sure to include your 1st, 2nd and 3rd choices. If you do not list 3 choices, you will have a free period(s): Please see page 7 for workshop selections.

	1 ST CHOICE		2 ND CHOICE		3 RD CHOICE	
WORKSHOP	WORKSHOP#	DESCRIPTION	WORKSHOP#	DESCRIPTION	WORKSHOP#	DESCRIPTION
SATURDAY						
SUNDAY						



ADULT HEALTH HISTORY FORM

NAME: (Last, First, Initial):			
PHONE:		DATE OF BIRTH:	
ADDRESS:		CITY,STATE,ZIP:	
SEX: Female Male	GIRL SCOUT COMMUNITIY:		TROOP#:
GSUSA ID #:		PROGRAM LEVEL:	

HEALTH HISTORY: Please check if you have had any of the following: (check all applicable)

Eyesight Impairment___ Heart Disease___ Arthritis___ Intestinal Disorders___ Chicken Pox___ Measles___ Tuberculosis___
 Abnormal Blood Pressure___ Speech Impairment___ Hearing Impairment___ Rheumatic Fever___ Hernia___ Diabetes___
 Disorders of Nervous System___ Mental or Emotional Disorders___ Mumps___ Sinustis___ Disease of Ears___
 Hayfever or Asthma___ Disease of Kidneys___ Severe Menstrual Cramps___ German Measles___ Other Serious Allergies not listed___
 Other: _____

Have you been hospitalized in the last 5 years? Yes___ No___ Are you taking any medications: Yes___ No___

If you have answered yes to any of the above, please give nature, date, period of disability, results and drug descriptions:

RECORD OF IMMUNIZATIONS:

IMMUNIZATION TYPE	DATE OF IMMUNIZATION
Hepatitis B	
Tetanus (must be within 10 years)	
MMR	
Varicella	
Other	
Disease	

INSURANCE INFORMATION:

Carrier Name: _____ Policy/Group Number: _____

Address: _____

Must you call them prior to treatment?: Yes: _____ No: _____ Phone# : _____

Policyholder's Name: _____ Phone#: _____

ID#: _____

Name of Primary Care Physician: _____ Phone#: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Day Phone: _____ Night Phone: _____

I certify that to the best of my knowledge this health history is complete and accurate. I am in good health and able to participate in all camp activities.

SIGNATURE

DATE