

# Travel Pathway Council-Sponsored Trips Girl Registration Form

Complete both sides. Please print clearly.

## Girl Information

Name (first, middle, last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Grade Level \_\_\_\_\_ Registered Girl Scout?  Yes  No (Troop # \_\_\_\_\_ Leader Name \_\_\_\_\_)

T-shirt Size (circle one) Youth: S M L or Adult: S M L XL XXL

Do you have experience traveling without a parent or leader?  Yes  No

Please describe \_\_\_\_\_

Are you signing up with a friend?  Yes  No Friend's name \_\_\_\_\_

## Parent/Guardian Information

Parent/guardian name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

## Emergency Contact Information

Emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

## Health Information

Does your daughter have any special needs or health conditions?  Yes  No

If yes, please describe below, including any medication that may be needed during the trip.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child may be given: Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Other \_\_\_\_\_ Dosage Allowed \_\_\_\_\_

Name of Insurance Plan \_\_\_\_\_ Name of Insured \_\_\_\_\_

Policy Number \_\_\_\_\_ Please include a copy of the health insurance card with your registration.

For any trip of more than three nights, a health form is also required and must be current within the last two years.

## Registration/Payment Information

Name of Trip	Departure Date	Trip Cost	Less Deposit*	Balance (due 30 days prior to departure)
Please add \$12 for Girl Scout membership registration, if not currently a member				
TOTAL DUE				

**\*For all Travel Pathway registrations, a non-refundable deposit of \$100 must accompany the registration. This deposit will be applied to the trip cost. The balance of the trip cost must be paid by 30 days prior to the trip departure.**

Payment Method:  Cash  Check  Visa  MasterCard  Discover  Am. Ex.

Card # \_\_\_\_\_ Exp. date \_\_\_\_ / \_\_\_\_ Amount to be charged \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

If registering via fax, credit card payment is required.

My child has my permission to participate on the trip(s) listed above. Photos in which my child appears may be used for promotional purposes. I understand that I am responsible for arranging transportation to and from the trip departure location unless otherwise specified. I understand the insurance carried by the Girl Scouts is accident coverage. As provided by the State of Nebraska, I authorize the adult in charge to obtain necessary medical treatment for my child and I give my permission to any physician to do so.

Signature of Parent/Guardian \_\_\_\_\_

Mail, fax or bring this form and payment (checks payable to GSSON) to the Great Plains Service Center,  
Attn: Program Registrar 2121 S. 44th Street, Omaha, NE 68105, Fax: 402.558.8060.