



Camper Registration

KinniCroix Valley Passport Twilight Camp

Mail check, registration, and health form to: 871 Charlie Ryan Road, Hudson, WI 54016

Camper Information			Returning Camper <input type="checkbox"/>
Camper First Name:	Last Name:		
Full Address: (street, city, state, zip)			
Home Phone:	Date of Birth: (DD/MM/YY)	School (Fall 2024):	Grade (Fall 2024):

Parent/Guardian Contact Information			
Custodial parent/guardian name:	Day phone:	Evening phone:	Cell:
Address if different from above:			
Second parent/guardian name:	Day phone:	Evening phone:	Cell:
Address if different from above:			
Email: (We communicate by email so this account should be checked regularly.)			

Transportation & Fees	
Please mail completed registration forms to: KinniCroix Valley Twilight Camp 871 Charlie Ryan Road Hudson, WI 54016	Day Camp Fees (Must be included) Program fee - \$ 50.00 Late Fee 60.00 after 5/10/24 <input type="checkbox"/> Full time volunteer. < > (up to \$45 credit - if registered at same time -not to exceed camper fees)
	+
	Cookie Credits or Fall FUNds
	-
	-
T-Shirt Size All campers receive one camp T-shirt. Please circle size. T-Shirts tend to run closer to the small size listed. Child: Sm(6-8) Med(10-12) Lg (14-16) Adult: Sm Med Lg XLg 2XL 3XL	Total Enclosed: <i>Make checks payable to: Girl Scouts</i> \$

Permission	
I give permission for my camper to attend day camp and participate in all activities which are part of the program, unless otherwise indicated. If applicable, I agree to cooperate with all regulations and policies including GSRV Covid guidance such as mask wearing, social distancing and health screenings. I give permission for my camper to be photographed or recorded, and for Girl Scouts to use this material for publicity purposes. I will not send my camper if they are exposed to any contagious disease, or if I do not consider them to be in good physical condition. I give permission for my camper to receive necessary medical treatment at area hospitals/medical centers or from the Day Camp Health Supervisor. I will read and abide by communications from the day camp.	
SIGNATURE REQUIRED	
Parent/guardian signature:	Date: