



**Camp Name: Trail and Sail Community Camp**  
**Contact: Camp Registrar**  
 Kathy Wilson  
 PO BOX 1652  
 Mukilteo, WA 98275  
 Trailandsailcommunitycamp@yahoo.com

**CAMPER REGISTRATION**

Please complete page 1 & page 2 of this registration form, and submit to the Community Camp team listed.

**Camper name** \_\_\_\_\_ Grade in Fall, Sept. 2024 \_\_\_\_\_

Birthdate \_\_\_\_\_

Troop # \_\_\_\_\_ or  **NA** County \_\_\_\_\_

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

**Girls' grades 10-12 please choose ONE:**  High School Unit  Program Aid Application

Special needs/Special requests \_\_\_\_\_

I want to request to be with my one friend / buddy named \_\_\_\_\_

**Parent / Guardian Information**

#1 Name \_\_\_\_\_ #2 Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact:** *In the event a parent/guardian cannot be reached:*

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Please mail camper registration form and check or money order (sorry no credit cards) to the Community Camp Registrar.

**PAYMENT OPTIONS: Check enclosed for \$ \_\_\_\_\_**

Girl Scouts of Western Washington Gift Card amount \$ \_\_\_\_\_

Cookie Dough # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Girl Scout Membership** (please check the appropriate choice  )

To attend camp, all girls and adult volunteers are required to be registered members of Girl Scouts. Girls can become members in the Camp Pathway and/or the Troop, Series, Event or Travel Pathways. To register for membership an additional membership fee is required. Please check the box that applies to your camper's GSUSA MEMBERSHIP.

My daughter is already a current registered member of GSUSA for 2023-2024

**OR**

I have registered my camper as a current 2023-2024 member of GSUSA on the Girl Scouts of Western Washington website, [www.GirlScoutsWW.org](http://www.GirlScoutsWW.org). I have attached a copy of the receipt to this registration form.

**X** \_\_\_\_\_  
 SIGNATURE OF PARENT OR LEGAL GUARDIAN Date



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*Kathy Wilson*

*PO BOX 1652*

*Mukilteo, WA 98275*

*Trailandsailcommunitycamp@yahoo.com*

**CONSENT OF PARENT OR GUARDIAN:**

As parent/guardian having legal custody of the camper named, who is voluntarily enrolled as a participant in the Girl Scouts of Western Washington community resident camp program. I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for her to attend camp and participate in all phases of the program including related transportation.

I understand that a statement of her good health is required before she may attend. As the parent or legal guardian of the above child, I give permission for the above child to be photographed and/or audio/video taped during this event and for the images and/or recordings to be published, reproduced or distributed by Girl Scouts and its affiliates in all outlets, including but not limited to television, newspapers, internet, council publications, recruitment materials and ads without liability or limitation or claims on my or minor's part. I have read the statements above. I understand the information and agree to allow my daughter/ward to participate in camp.

X \_\_\_\_\_ Date \_\_\_\_\_

I have read the statements above and understand the information and agree to abide by the terms.

X \_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN Date

**COVID ACKNOWLEDGEMENT:**

By participating in GSWW's in person activities, participants acknowledge that COVID-19 is a highly contagious virus, easily spread including through in-person contact. By choosing to participate in person participants are choosing to accept risk of contracting COVID-19. GSWW cannot guarantee that infection will not occur.

X \_\_\_\_\_ Date \_\_\_\_\_

I have read the statements above and understand the information and agree to abide by the terms.

X \_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN Date

Additional forms are required to be completed for confirmation of placement and participation in the camp program. Thank you for recognizing the need for complete information on all camper attendance forms, to be sent in the confirmation packet. The information provided is used in different areas of camp for a variety of purposes in managing a healthy camp program, including program, food services and health care management. Your attention to detail is appreciated. While we can provide for a variety of conditions and special needs in camp, please contact the Camp Director to confirm possible arrangements for specific situations, prior to registration. Thank you for partnering with the camp team to provide a safe and enjoyable camp experience for all campers and volunteers.

Camp Director contact information: Jennifer Wilson  
trailandsailcommunitycamp@yahoo.com