



# It's Your Planet—Love it!

**For girls in grades 1-5!**

You are invited to join us after school at our Girl Scout Program! We will be learning all about our planet and how we can keep it clean. We will also be learning what it means to be a Girl Scout! This means songs, games, and making new friends. **Volunteers are needed.** Please contact Savannah for more information.

**Mondays**  
**April 16–May 14, 2018**  
3:00–4:15 p.m.

**Bright Elementary Library  
Classroom**

To attend:  
Please fill out the form on  
the back and bring it to the  
next meeting!  
Spots are limited!

**Questions?** Contact Savannah Stacy at  
513.619.1405 or [savannahstacy@gsw.org](mailto:savannahstacy@gsw.org)



# Girl Membership Registration Form 2017-2018

Troop/Group # 54214 Service Unit # 407

Girl First Name: \_\_\_\_\_ Girl Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Text:  Yes  No

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### For Participation and Grant information:

Racial Background:  American Indian or Alaskan Native  Asian  Black or African American  
 Hawaiian or Pacific Islander  White  Other

Ethnic Background:  Hispanic or Latina  Not Hispanic or Latina  Choose not to share

Parent/Caregiver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes, I would like to volunteer with my child's troop. Please contact me about opportunities.

\$25 membership fee.

Cash  Check enclosed (payable to Girl Scouts of Western Ohio) or charge my credit card:

Visa/MasterCard/Discover  Am Express  Financial Assistance

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV (3-digit): \_\_\_\_\_

Signature on Card: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

### FINANCIAL ASSISTANCE FOR MEMBERSHIP FEE

Financial assistance may be available for girls who want to attend but are unable to do so because of limited family income. Applicants are encouraged to pay some portion of the fee. Please complete the line below. All fees are non-refundable.

Family can pay \$ \_\_\_\_\_ Financial assistance requested \$ \_\_\_\_\_ Total \$25

### Permission and Health History

List any medical conditions requiring treatment, medication, allergies (including food), or special needs: \_\_\_\_\_

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed event activities except as noted.

**Authorization for Treatment:** In the event that I cannot be reached in an emergency, I hereby grant permission to the physician selected by the event personnel to secure treatment, including hospitalization, if necessary.

**Authorization for Participation and Membership:** I understand the nature of the activities in which my child is going to participate and give my permission for my child to: 1) engage in all program activities as planned by the Girl Scouts of Western Ohio and its affiliates, 2) for the Girl Scouts and or its affiliates to use her picture (s) or video recording(s) and 3) if my daughter is not a registered Girl Scout I am willing to have my daughter become a registered Girl Scout member.

Please sign here Parent/Caregiver for approval: \_\_\_\_\_ Date: \_\_\_\_\_

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