



**Northern Lights E Day Camp
Camper Registration
July 10 - 14, 2023**



**Mail check, registration, medication and health form to:
Northern Lights Day Camp, % Parker J., 2233 Ryan Court,
North St. Paul, MN 55109**

Camper Information

First Name:	Last Name:	Troop #:
Full Address: (street, city, state, zip)		
Home Phone:	Date of Birth: (DD/MM/YY)	
School fall 2023:	Grade (Fall 2023):	
Buddy's name (ONE NAME ONLY):	Buddy's Grade: (Fall 2023)	
Registered Girl Scout:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(If No, please add a \$25 check made out to "River Valleys" and send with camper registration.)		

Parent/Guardian Contact Information

Custodial parent/guardian name: Address if different from above: Day phone: _____ Cellphone: _____ Evening phone: _____
Second parent/guardian name: Address if different from above: Day phone: _____ Cellphone: _____ Evening phone: _____ parent email: _____ (We prefer to communicate thru email so this account should be checked regularly.) If you don't check email regularly or prefer not to get camp info thru email check this box <input type="checkbox"/> Preferred form of communication?

T-Shirt Size

All campers receive one camp T-shirt. Please check a size:

Child: Sm(6-8) Med(10-12) Lg (14-16)

Adult: Sm Med Lg XLg

T-Shirts tend to run closer to the small size listed. Additional shirts can be purchased for **\$15.00**

FEES

Day Camp Fees (ALL forms must be included in registration) \$ _____
Program Fee \$130

On or After July 1st \$150 \$ _____

Part time adult volunteer discount \$ _____
-\$10 each day parent volunteer

New Girl Scout member Fee \$25 \$ _____
(separate check made out to Girl Scouts River Valleys)

Cookie credits or Fall FUNds - \$ _____

Grant for girls form submitted (amount requested) - \$ _____

Make checks payable to: Northern Lights SU Day Camp **Total enclosed: \$** _____

I give permission for my participant to attend day camp and participate in all activities, including overnights, which are part of the program, unless otherwise indicated. I agree to cooperate with all regulations and policies. I give permission for my participant to be photographed or recorded, and for council to use this material for publicity purposes. I will not send my participant if she becomes exposed to any contagious disease (including head lice), or if I do not consider her to be in good physical condition. I give permission for my participant to receive necessary medical treatment at area hospitals/medical centers or from the Day Camp Health Supervisor or designee. I give permission for my participant, if not currently a member, to join Girl Scouts of the USA and have enclosed \$25 membership dues. I will read and abide by any other communications from the Day Camp.

Parent/Guardian Signature:

Date: