

GIRLS ON THE GO!

A field trip camp for girls ages 9-13

Return this page to:
Girls on the GO c/o Monkey Business Camp
2880-A Sacramento Street
Berkeley, CA 94702
Or sign, scan and e-mail to:
office@girlsonthegocamp.com

NEW Camper Registration Form

Camper Information:

First Name: _____ Last Name: _____
Date of birth: _____

Sibling:

First Name: _____ Last Name: _____
Date of birth: _____

Parent/Guardian Info:

Parent(s)'s Name(s) _____
Mailing/Billing Address _____ City _____ Zip _____
Email Address(es) _____
Home Phone _____ Work Phone(s) _____ Cell Phone(s) _____

Emergency Contact Information: *In case of emergency...*

Please list **3 names & phone numbers, including yourself**, you would like us to call in order of preference (list 1 or 2 phone #s per person and indicate if that number is Home, Cell or Work (H, C, W)).

1. Name: _____ Relation: _____ Phone: _____ Phone: _____
2. Name: _____ Relation: _____ Phone: _____ Phone: _____
3. Name: _____ Relation: _____ Phone: _____ Phone: _____
PHYSICIAN: _____ Phone: _____ Hospital: _____
DENTIST: _____ Phone: _____

Medical/Behavioral information Include known allergies and medications. Attach additional page with desired plan of action in case of reaction :

----- **Requirement to Disclose Special Needs-read details in Policies on page 2** -----

Sign Out Information List all people authorized to pick-up your child (aside from parent/guardians and emergency contacts above):

Can your 11+ year old daughter sign herself out (walking home alone included here)? **No**
Are you interested in sharing your contact info with families interested in carpooling? **Yes**
Current School: _____ Where did you hear about our camp? _____

Indemnification Waiver (GOTG =Girls on the Go)

I certify that the children named are in normal health and give permission for them to participate in program activities. I hold blameless GOTG and all involved in the program from any liability for any harm that befalls the child(ren) as a result of participation in the programs. I authorize the employees of GOTG to consent to medical care to be rendered to said child(ren) upon the advice of a licensed physician. The undersigned further agrees that the employees of GOTG are not legally or financially liable for any claim arising out of consent given in good faith in connection with such diagnosis and treatment.

Printed Name: _____ **Signature:** _____ **Date:** _____

Photo Release (GOTG =Girls on the Go)

I hereby grant GOTG the right and permission, in connection with photos and video taken of my child, his/her artwork or written work, the following: the right to use the above items, *without the use of names*, for promotional/advertising purposes, e.g. the internet and camp fairs.

Printed Name: _____ **Signature:** _____ **Date:** _____