

**SERVICE UNIT:** \_\_\_\_\_ **TROOP #:** \_\_\_\_\_

**ROLE:**  Troop Leader OR  Troop Assistant

Troop Assistant- Fall Product Manager  Troop Assistant- Cookie Manager

Adult First Name: \_\_\_\_\_ Adult Last Name: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ Text:  Yes  No

**Email (Required):** \_\_\_\_\_

**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  I choose not to share

**Payment Information** – The Girl Scout membership year runs from October 1-September 30, each year. Girl Scout membership is non-refundable and non-transferrable.

\$25 12-month membership (Available year-round)  \$35 18-month membership (Available April through July)  
 \$200 Young Alum Lifetime (Former girl members ages 18-29)  \$400 Lifetime Membership (Any adult can purchase)

**Cash**  **Check enclosed** (payable to Girl Scouts of Western Ohio)  **Credit Card**  
Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Name on Card (print): \_\_\_\_\_  
CVV (3-digit): \_\_\_\_\_ Signature: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**Financial Assistance** - Financial assistance may be available for girls who want to attend but are unable to do so because of limited family income. We ask that you pay some portion of the fee if you are able.

Family can pay: \$ \_\_\_\_\_ Financial assistance requested: \$ \_\_\_\_\_

**Permission and Health History**

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

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

**This health history is correct to the best of my knowledge.**

**Authorization for Treatment:** If 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.

**Photo/Video:** Unless otherwise noted below, I hereby grant permission for the Girl Scouts and or its affiliates to use my picture(s) or video recording(s) of my participation as a member.

**I do not grant permission for my photo or video recordings to be taken or used by Girl Scouts.**

**Please check and acknowledge** I acknowledgement that COVID-19 is an extremely contagious virus that spreads easily in the community. I agree to adhere to Girl Scouts of Western Ohio and state and local guidelines and mandates. I will take all reasonable precautions to limit potential exposure for girls, volunteers, and families, based on Girl Scouts of Western Ohio and state guidelines. I will hold Girl Scouts of Western Ohio harmless and waive all right to legal action, if my daughter contracts COVID through exposure at a Girl Scout event.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_