2017 Summer CORE & S.P.P Camp Application

Register for camp online! Visit us at www.gswny.org/camps

Register for camp online! Or mail this application and payment to:
Rochester Service Center 1000 Elmwood Avenue, Door 9 Rochester, NY 14620 Fax: 585.292.1086

How did you hear about our CORE & S.P.P. Camp Programs? _____

TROOP LEADER INFORMATION – Please print clearly and include area code with phone numbers.

Troop #	Service Unit:	
Troop Leader's Name		
Address		County
City/State/Zip		
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )
E-mail		

TROOP CAMP INFORMATION – Please fill in camp roster on the back of this form.

Total number of Adult(s)	Total number of Camper(s)
Name of First Aider (S.P.P. only)	Name of Adult with CPR (S.P.P. only)

EMERGENCY CONTACT INFORMATION – Emergency contact must be off-site

Emergency Contact name		Relationship
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )

CAMP INFORMATION PACKET (All Campers) Packets contain camp information that parents are required to review, directions to your camp, packing lists for your camper and so much more. You will receive emails indicating receipt of registration, balance owed if applicable and a link to your Camp Information Packet.

PROGRAMS/SESSIONS CHOICES: ___ TIMBERCREST (CORE) ___ SEVEN HILLS (SPP) ___ PIPERWOOD (SPP)
Please check choice of CORE / SPP Camp Location. Then place an "X" in the box indicating your troop's session choice followed by the numbers of Adults (#A) and Girls (#G) attending

Continue to Second Page

2017 Summer CORE & S.P.P Camp Application

Register for camp online! Visit us at www.gswny.org/camps

FORM OF PAYMENT AMOUNT OF PAYMENT: $ _____

Cash/Check/Money Order MC Visa Discover AMEX	Credit Card Account #: Exp. Date:
Print Name of Cardholder:	Signature of Cardholder:

AUTHORIZATION AND PAYMENT INFORMATION

- I understand that I must LEGIBLY print first and last names of all adults and girls that will be in attendance on this form.
- Enclosed is the $25 deposit for my troop to attend their troop event. I understand all payments are due two-weeks prior to my camping event.
- I understand that I am responsible for bringing all permission to participate forms and health forms for each person in my troop and agree to abide and follow all safety guidelines and regulations set forth at camp.

Inherent Risk Statement: I understand that GSWNY has taken the necessary steps to provide the appropriate training, the necessary equipment and skilled seasonal staff for my troop's camp experience. I also acknowledge that there are inherent risks associated with camp activities such as ropes challenge course, horseback riding, rock climbing, whitewater rafting, swimming, and boating/canoeing/kayaking and other components of camp and I am aware that by participating in any of these activities that campers could be injured.

As the leader accountable for my troop, I assume and accept the full responsibility for their participation at camp. I am also aware of and assume the risks associated with camp and agree to release and hold harmless Girl Scouts of WNY, Inc., its employees (full, part-time and seasonal), agents and volunteers from any and all claims or liabilities of any kind arising out of the troop's participation at any of the GSWNY camps.

Troop Leader Required Signature:_____

TROOP CAMP ROSTER – CORE CAMP or S.P.P CAMP

All participants must be listed below. Legibly print all first and last names here. (Use additional pages if needed)
Please indicate ADULT CPR / FIRST AIDER NAME(S) – Applies to S.P.P. Camp Only

Adult(s) Names	Troop Position

Girl/Child(s) Names	Girl / Child DOB +	Age: