

# Perry County Girl Scout Day Camp 2026: "Wilderness Academy"

Tuesday, June 2-Thursday, June 4, 9:00 AM-4:00 PM CDT, Camp Koch, Cannelton, IN

## GSSI Day Camp Registration Form

Girl Name: \_\_\_\_\_ Girl Camp Name\*: \_\_\_\_\_

Address: \_\_\_\_\_

Grade Level in Fall 2026: \_\_\_\_\_ Troop#: \_\_\_\_\_ School: \_\_\_\_\_

Girl Scout Member: Y \_\_\_\_\_ N \_\_\_\_\_ \*A "camp name" is a nickname that a girl picks to use at camp.

Parent or Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

During camp I can be reached at phone #: \_\_\_\_\_ or \_\_\_\_\_

### Camper may be picked up by the following people:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact & Medical Information

Emergency Contact (other than parent/guardian listed above): \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_ Primary Dr.: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_ Allergies (including food): Y \_\_ N \_\_ If yes, list: \_\_\_\_\_

Medications: Y \_\_\_\_\_ N \_\_\_\_\_ If yes, please list: \_\_\_\_\_

*\*If medications need to be dispensed during camp, please complete and submit the [Medication Administration & Emergency Treatment Release Form](#) (Search "Medication Administration" on [girlscouts-gssi.org](#) to download the form.)*

### Fees and Payment Info

Girl Scout Member Day Camp Fee	\$40	
Non- Girl Scout Day Camp Fee	\$45	
Late Fee	\$5	
Cookie Dough funds used (Attach completed form)		
Scoutership requested amount (not guaranteed)		
Donation to Perry County Day Camp		
<b>Total Payment Enclosed</b>		

Check #

**Deadline to mail registrations is May 22.** Please mail this form and payment to:

Perry County Day Camp, 729 17<sup>th</sup> St, Tell City, IN 47586 *Make checks payable to Perry County Day Camp*

### More information:

- You'll receive a text confirmation within 7 days.

- Questions? Contact Day Camp Director Shannon Lindauer at cslindauer@att.net.
- No refunds will be offered.
- Bandanas are included in the camp fee.
- Need help with the fee? Financial aid may cover up to half—call GSSI at (812) 421-4970.
- Space is limited, so register early—spots aren't guaranteed!

**Consent For Medical Treatment**

I authorize all medical, surgical, diagnostic, and hospital care or procedures, which may be performed or prescribed for my child and/or myself by a licensed physician/dentist or hospital, when efforts to contact the emergency contact person are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child and/or my health. I waive my right of informed consent to such treatment. (Please initial) \_\_\_ Yes \_\_\_ No

**Photo Permission:** (Please initial) \_\_\_\_\_ Yes \_\_\_ No

**EVENT PERMISSION**

I recognize, acknowledge, and understand that there are certain risks of physical injury to participants in Girl Scout programs, events, and activities (collectively the "Event") and I VOLUNTARILY AGREE TO ASSUME THE FULL RISK of any and all injuries, damages or loss, regardless of severity, that the minor named below, or I may sustain as a result of said participation.

IN CONSIDERATION FOR THE PRIVILEGE OF THE MINOR PARTICIPATING IN THE EVENT AND OTHER VALUABLE CONSIDERATION, I, ON BEHALF OF MYSELF AND THE MINOR, HEREBY WAIVE, RELEASE, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE TO THE FULLEST EXTENT PERMITTED BY LAW THE GIRL SCOUTS OF SOUTHWEST INDIANA INCLUDING ITS OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, AND EMPLOYEES (HEREINAFTER COLLECTIVELY "GSSI") FROM AND AGAINST ALL CLAIMS, ACTIONS, DEMANDS, ATTORNEY'S AND EXPERT FEES, DAMAGES, LOSSES, INJURIES, ILLNESSES, COSTS, EXPENSES AND/OR LIABILITIES (COLLECTIVELY "CLAIMS"), WHETHER SUCH ARISES BASED ON NEGLIGENCE OR BY ANY STATUTORY OR COMMON LAW THEORIES, (INCLUDING WITHOUT LIMITATION ALL INJURIES, DISABILITY OR DEATH) ARISING OUT OF, IN CONNECTION OR IN ANY WAY ASSOCIATED WITH THE RACE, THE GRANT OF RIGHTS HEREUNDER OR BREACH OF THESE REPRESENTATIONS AND WARRANTIES AND EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF THE SOLE NEGLIGENCE OR CARELESSNESS ON THE PART OF GSSI. I HEREBY AGREE THAT GSSI SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH THE MINOR OR I MAY SUSTAIN WHILE PARTICIPATING IN THE EVENT OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF GSSI AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS GSSI, FROM ANY CLAIMS WHATSOEVER INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY'S AND EXPERT FEES.

PARTICIPATION WILL BE DENIED, if this Agreement is not signed by a parent/guardian on or before the time and place of the Event. Parents/guardians of minors registering for the Event agree there is an inherent risk of injury when choosing to participate in recreational activities/programs. All participants must follow safety rules and instructions.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all Claims. I am solely responsible for determining if the minor and I are physically fit and/or skilled for the Event contemplated by this Agreement. It is always advisable, especially if a participant is pregnant or disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. By signing this Agreement, I acknowledge that I have the capacity to enter into this document on behalf of the minor. This Agreement shall be binding on all respective heirs, devisees, personal representatives, successors and assigns of all parties to this Agreement. This Agreement shall be construed under, and governed by, the laws of the State of Indiana, and all parties hereto consent and agree to the exercise of jurisdiction over any matter arising in connection with this Agreement shall be in the Superior Court of Vanderburgh County, State of Indiana. This Agreement reflects the complete understanding between the parties with respect to its subject matter and cannot be modified except in a writing signed by both parties.

BY SIGNING BELOW, I HEREBY REPRESENT AND CONFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK, WAIVER, AND A RELEASE AND INDEMNITY FOR ALL CLAIMS. I HEREBY REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE MINOR CHILD/WARD LISTED BELOW ("MINOR") AND I AGREE THAT THE ABOVE AGREEMENT BINDS ME AND SAID MINOR TO ALL TERMS THEREOF.

Signature of Adult/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Adult/Guardian \_\_\_\_\_