

Participant Registration Form



Complete the Participant Registration Form then fax or email it to info@girlsinpolitics.org or (202) 204-5929

Participant Information

Name: _____

Age

Street: _____

Grade

City, State and Zip Code: _____

Known allergies? if yes list allergies: _____

Girl Scout? If yes list level & Troop: _____

Parent/Legal Guardian Contact Information

Email: _____

Name: _____

Street: _____

City, State and Zip Code: _____

Telephone (Provide mobile, work & home): _____

Medical Emergency Policy

In the event of a sudden unexplained or possibly life threatening medical emergency, severe illness or injury, program staffers will call 911 for Emergency Medical Services (EMS). For the purpose of clarity for this policy, life threatening conditions may include, but are not limited to, the following: choking, severe chest pain and/or shortness of breath, loss of consciousness, uncontrolled bleeding, debilitating injuries and violent behavior. After calling EMS, program staffers will then contact the parent/guardian listed on this form. Please sign to indicated that you have reviewed and understand this medical emergency policy.

Parent/Guardian Signature: _____

Date