



Return to:
Girl Scouts of Northern Illinois, Elgin Service Center
12N124 Coombs Rd., Elgin, IL 60124
847-741-5521
www.girlscoutsni.org

TROOP TREK Program Aide Information Form

Training Dates and Locations (Only One Training Required):

Mary Ann Beebe Center
May 5-6, 2012
Saturday, 9 A.M. to
Sunday, 12 NOON

Camp Far Horizons
May 19-20, 2012
Saturday, 9 A.M. to
Sunday, 12 NOON

Chapman Hills
June 9-10, 2012
Saturday, 9 A.M. to
Sunday, 12 NOON

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

Troop Number \_\_\_\_\_ OR Juliette \_\_\_\_\_ Grade (2011-2012 School Year) \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

Parent's E-mail Address: \_\_\_\_\_

Program Aide's E-mail Address: \_\_\_\_\_

Program Aide's Camp Name: \_\_\_\_\_

Indicate T-shirt Size: \_\_\_\_\_

Fee: \$20 per girl--includes Troop Trek T-shirt, patch and meals at training and Troop Trek Session(s)

As a program aide at Troop Trek, you are required to:

- Attend one of the pre-camp training sessions:
- May 5-6 at MaryAnn Beebe Center, Harvard, Illinois
- May 19-20 at Camp Far Horizons, Hanover, Illinois
- June 9-10 at Chapman Hills, East Troy, Wisconsin
Make arrangements for your own transportation to and from the pre-camp training session and for the Troop Trek session(s) you are assigned.
Bring a sack lunch with drink and snack to the pre-camp training. Saturday dinner and Sunday breakfast are provided.

Attending the pre-camp training does not guarantee you a spot as a Troop Trek program aide. While every attempt will be made to place all program aides, session assignments will be based on availability and need. Assignments will be made following the pre-camp training.

Please indicate the Troop Trek session(s) that you would be available for:

\_\_\_\_\_ June 22-24, 2012, at Mary Ann Beebe Center, Harvard, IL

\_\_\_\_\_ July 6-8, 2012, at Camp Far Horizons, Hanover, IL

\_\_\_\_\_ July 20-22, 2012 at Chapman Hills, East Troy, WI

\_\_\_\_\_ August 3-5, 2012 at Chapman Hills, East Troy, WI

Program Aide's Name: \_\_\_\_\_

Program Aide's Camp Name: \_\_\_\_\_

## Troop Trek 2012 Program Aide Permission Slip For Troop Trek Trainings and Sessions

My daughter has permission to participate as a program aide in the following trainings and sessions of Troop Trek (check all that apply):

Trainings	<input type="checkbox"/> Yes <input type="checkbox"/> No	May 5-6 at MaryAnn Beebe Center, Harvard, IL Arrive at camp by 9 A.M. on Saturday; Pick-up at 12 NOON on Sunday
	<input type="checkbox"/> Yes <input type="checkbox"/> No	May 19-20 at Camp Far Horizons, Hanover, IL Arrive at camp by 9 A.M. on Saturday; Pick-up at 12 NOON on Sunday
	<input type="checkbox"/> Yes <input type="checkbox"/> No	June 9-10 at Chapman Hills, East Troy, WI Arrive at camp by 9 A.M. on Saturday; Pick-up at 12 NOON on Sunday

Sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	June 22-24, 2012, at Mary Ann Beebe Center, Harvard, IL Arrive at camp by 10 A.M. on Friday; Pick-up at 12:30 P.M. on Sunday
	<input type="checkbox"/> Yes <input type="checkbox"/> No	July 6-8, 2012 at Camp Far Horizons, Hanover, IL Arrive at camp by 10 A.M. on Friday; Pick-up at 12:30 P.M. on Sunday
	<input type="checkbox"/> Yes <input type="checkbox"/> No	July 20-22, 2012 at Chapman Hills, East Troy, WI Arrive at camp by 10 A.M. on Friday; Pick-up at 12:30 P.M. on Sunday
	<input type="checkbox"/> Yes <input type="checkbox"/> No	August 3-5, 2012 at Chapman Hills, East Troy, WI Arrive at camp by 10 A.M. on Friday; Pick-up at 12:30 P.M. on Sunday

<input type="checkbox"/> Yes <input type="checkbox"/> No	The bearer of this letter has my permission as a parent or legal guardian to act on my behalf in any emergency dealing with the health and welfare of my daughter and to obtain emergency treatment for her by a licensed physician.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby consent that my daughter's name, image, and likeness, as shown in video, photographs or electronic images, and/or audio recordings made of her voice may be used for the purpose of promoting Girl Scouting, free and clear of any claim on my part.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that I am responsible for providing transportation to and from any sessions of Troop Trek my daughter attends.
<input type="checkbox"/> Yes <input type="checkbox"/> No	My daughter is in good physical condition and has not had any serious illness or operation since her last health examination.

Please list any special considerations/needs of which we should be made aware: \_\_\_\_\_

\_\_\_\_\_

During these activities, I may be reached at:

Phone \_\_\_\_\_ Cellular \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name \_\_\_\_\_ Relation to participant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_