



Girl Scouts.

# Course Registration Form

Please type or print clearly

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

Assoc/SU: \_\_\_\_\_ Troop #: \_\_\_\_\_ Troop Level: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Additional Phone: (\_\_\_\_) \_\_\_\_\_

*Please use the same information as your Girl Scout Membership Registration.* Is this a change of address?  Yes  No  
Are you new to Girl Scouting?  Yes  No Have you previously completed a leadership training course?  Yes  No

## COURSE REGISTRATION

Please, no more than three (3) courses per form!

Course Code	Course Name	Date	Time	Reg. Deadline
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREREQUISITES (This information will speed the processing of your registration!)

Orientation Completed: Month. \_\_\_\_\_ Year \_\_\_\_\_ by (Name & Position): \_\_\_\_\_

Indoor Overnight Adventures/Cabin Adventures (If Required) Completed: Month. \_\_\_\_\_ Year \_\_\_\_\_

Paying fees (if necessary):  Check payable to GSCOC attached to the registration form  
 Credit Card:  VISA  MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

If food is included at your training, please specify if you have any special dietary needs (i.e. vegetarian, no gluten, etc.) \_\_\_\_\_

**MAIL YOUR REGISTRATION TO:**  
GSCOC Volunteer Development - Course Registration  
9500 Toledo Way, Irvine, CA 92618

**or FAX REGISTRATION TO:**  
(949) 461-8884  
Attn: Volunteer Development Coordinator

**If you do not receive a "Registration Received" letter or email within ten (10) days of submitting a Registration, please call (949) 461-8845 or email [training@gscoc.org](mailto:training@gscoc.org) – Many Illegible faxes are received!**

You will receive course confirmation two (2) weeks prior to the course.

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

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

In the event I, \_\_\_\_\_, become ill or sustain an injury while in the care of or under the supervision of Girl Scout Council of Orange County or any of its officers or leaders, I authorize First Aid to be administered. If it should become necessary to seek professional medical treatment, I give my permission for a licensed medical professional to administer any medical and/or surgical treatment she/he deems necessary, including hospitalization. I understand that every effort will be made to contact the party listed under "Emergency Contact." I accept full financial responsibility for all expenses incurred that are not covered by Girl Scout Activity Insurance.

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

DO NOT SIGN BELOW IF YOU HAVE SIGNED THE ABOVE EMERGENCY TREATMENT PERMISSION SECTION. I do not desire the authorization and understand that in doing so I release and relieve for all liability whatsoever Girl Scouts Council of Orange County, its officers or leaders. In case of emergency, please follow this procedure:

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