



Girl Scouts of the Missouri Heartland, Inc. Horseback Riding Registration Form

Program/Session Information (check one box and list three date choices)

☐ Troop/ Group

Saturday

Option 1: 9:00 a.m.–10:30 a.m.

Option 2: 10:45 a.m.–12:15 p.m.

Option 3: 1:00 p.m.–2:30 p.m.

Sunday (Cherokee Ridge)

Option 1: 9:00 a.m.–10:30 a.m.

Option 2: 10:45 a.m.–12:15 p.m.

Option 3: 1:00 p.m.–2:30 p.m.

Option 4: 2:45 p.m.–4:15 p.m.

Option 4: 2:45 p.m.–4:15 p.m.

1st Choice Date: _____

2nd Choice Date: _____

3rd Choice Date: _____

☐ Cherokee Ridge (152)

☐ Cherokee Ridge (152)

☐ Cherokee Ridge (152)

Option: _____

Option: _____

Option: _____

Registration Information

Girl Scout Grade Level:

☐ Brownie
(2nd-3rd)

☐ Junior
(4th-5th)

☐ Cadette
(6th-8th)

☐ Senior
(9th-10th)

☐ Ambassador
(11th-12th)

For Individual Girl/Adult Registrations	For Troop Registrations
Girl/Adult Name _____	5-Digit Troop Number _____
Address _____	Service Unit Number _____
City _____ State _____ Zip _____	County _____
Parent/Guardian Name _____	Attending Adult Name* _____
Email _____ <small>(Confirmations sent via email. Do not attend the program if you have not received a confirmation.)</small>	Address _____
Phone _____	City _____ State _____ Zip _____
Emergency Contact _____	Home Phone _____
Relationship _____ Phone _____	Cell/Other _____
Medical Information	Email _____ <small>(Confirmations sent via email. Do not attend without confirmation.)</small>
Physician _____ Phone _____	<i>*The adult(s) with the group will be responsible for bringing a signed parent permission and health history form for each girl attending, as stated in the Safety Activity Checkpoints, and for keeping the forms with them during the program.</i>
List any medical considerations that need to be known by event staff: _____	Troop Leader/Advisor Statement: I will ensure that the girls in my troop cooperate with the adult in charge, participate in required activities, be responsible for personal belongings, observe safety regulations established for the event, understand that the use of alcohol, smoking, or foul language will not be tolerated and I will abide by the Girl Scout Promise and Law. I will have signed permission slips from each parent/guardian of the girls at this program.
Parent Permission: I, the undersigned parent/legal guardian of _____ ("child"), authorize said child's participation in horseback-riding programs and related activities ("the program"). I recognize and acknowledge that there are certain risks of physical injury to my child in the program. I, my child, and my insurer, hereby release, waive, relinquish, and discharge Girl Scouts of the Missouri Heartland, Inc. and any and all directors, officers, employees, agents, and/or volunteers from any and all claims, demands, action, or causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child as a result of my child's participation in the program, whether caused by negligence or otherwise. I further acknowledge that I understand that this is a full release and that I have voluntarily waived my rights and those of my child and insurer.	Adult Signature _____ Date _____
Name (printed) _____ Signature _____ Date _____	Please list all names of girls and adults on the back of this form.
Participant Conduct Statement: I will cooperate with the adult in charge, participate in required activities, be responsible for my personal belongings, observe safety regulations established for the event, understand that the use of alcohol, smoking, or foul language will not be tolerated and I will abide by the Girl Scout Promise and Law.	
Name (printed) _____ Signature _____ Date _____	
Girls attending individually must bring a health history form (available at www.girlscoutmoheartland.org) to the session.	

(Page 1 of 2)

Girl Participants/Attendees

NOTE: Events are designed for specific numbers and ages of participants. Please do not bring extra children. Girl Scout or non-member insurance does not cover children who are not program-age.

Girls' Names	City	Grade	Age	Payment Method		
				Financial Asst.	Cookie Credit	Cash/Check
TOTALS				\$	\$	\$

Adult Participants/Attendees

Adults' Names	City	Troop Position	Phone Number	Cash/Check (if applicable)
TOTALS				\$

Program Fees (Check program description for pricing.)

of girls attending: _____ x \$15/session = Total girl fees: \$ _____

of adults attending: _____ x \$15/session = Total adult fees: \$ _____

of girl/adult Girl Scout membership registrations _____ x \$15 = Total memb. fees: \$ _____

TOTAL GIRL AND ADULT FEES \$ _____

Payment Methods

Check(s), made payable to Girl Scouts of the Missouri Heartland, Inc. \$ _____

Cookie Credit (if applicable) (Make sure to include 2-digit security code located on back of card).
 Cookie Credit Gift Card #: _____ - _____ - _____ \$ _____

Financial Assistance Application for Program Activities
 (Financial assistance form must be attached for each person requesting it.) \$ _____

Credit Card (Please complete information below.) \$ _____

Credit Card Type: _____ **TOTAL ENCLOSED** \$ _____

Card #: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Form and applicable program/event fees must be received 10 business days prior to your desired riding date. Forms may be faxed, emailed, mailed, or walked in to any Girl Scout service center. For updated service center mailing addresses and hours, please visit www.girlscoutsmoheartland.org. Faxed and emailed forms must include a credit card number for payment.

Girl Scouts of the Missouri Heartland, Inc.

T 877-312-4764 • F 417-862-4120 • www.girlscoutsmoheartland.org • gscouts@girlscoutsmoheartland.org

(Page 2 of 2)

