

AHG Girl Registration Checklist

AHG Girl Name _____

_____ Online Registration with payment (Christ Community Website)

_____ *Volunteer Form

_____ *Meeting Night Permission Slip (this is combined with the Health History Form)

_____ *Health History with **current immunizations**

_____ *Handbook Review Signature Page

_____ AHG National Registration through AHGconnect (a link will be emailed when the local troop registration is confirmed)

*These forms can be mailed to:
Heather Mosman, Registrar
1456 Century Point Lane NE
Rochester, MN 55906

Fee Descriptions

National Dues: \$26 *(Sister cap is \$60)

Fee required by AHG National for every girl each year.

*If you are registering 3 or more girls email heathermosman@live.com for a discount code.

Troop Dues: \$40 *(Sister cap is \$90)

Supports troop activities, badges, and leader dues.

*If you are registering 3 or more girls email heathermosman@live.com for a discount code.

Pathfinder Package: \$27

Includes uniform shirt and handbook for Kindergarteners.

AHG Girl Handbook: \$20

All girls new to the troop will need to order a handbook. Returning girls only need to order a handbook if they are leveling up. Beginning this fall there will be new handbooks; one for TH/EX levels and one for PI/PA levels. When you order a handbook the appropriate one will be ordered for you.

Tenderheart or Explorer Package: \$26

Includes vest, scarf, troop numbers, flag patch. Girls in 1st through 6th grade who are new to the troop or leveling up will need to order the appropriate package.

Pioneer/Patriot Sash Package: \$14

Includes sash, troop numbers, flag patch. Girls in 7th through 12th grade who are new to the troop or leveling up will need to order this package.

'Class B' T-Shirt Uniform: \$8 (optional)

This shirt can be worn for crafts, camps, & other potentially messy activities. It comes in red or royal blue.

Badge Magic: \$5/Starter Kit or \$6/Combo Kit (optional)

For ease in putting badges on vests or sashes. Otherwise they can be sewn on.

- Each year, AHG Girl and Adult Members complete a new or update an existing *Health and Medical Form* kept on file at the Troop level.
- Attaching a photo to the *Health and Medical Form* can help to avoid errors in identification.

Member Name					
Troop Number					
Date of birth		Age			
Weight		Height			
Address					
City		State		Zip Code	
Parent/guardian Name(s)					
Phone Number					
Emergency Contacts	Name				
	Relationship				
	Phone Number				
	Name				
	Relationship				
	Phone Number				
Allergies: If applicable, please list all known allergies including medications, food, and environment.	Allergy	Normal reaction and management of reaction			



Member Name															
<p>General Health Information: Check all that apply, past or present, to you or your daughter's health history.</p>	<ul style="list-style-type: none"> — Abdominal/stomach/digestive problems — Asthma — Convulsions/seizures — COPD — Diabetes — Excessive fatigue — Fainting or dizziness — Head injury/concussion — Heart disease/heart attack/chest pain/heart murmur/coronary artery disease 	<ul style="list-style-type: none"> — Hemophilia or blood disorders — Hypertension (high blood pressure) — Kidney Disease — Lung/respiratory disease — Menstrual cramps — Migraines/headaches — Motion/altitude sickness 	<ul style="list-style-type: none"> — Muscular/skeletal conditions/muscle or bone issues — Neurological disorders — Nosebleeds — Sinus problems — Sleep apnea, sleepwalking or sleep disorders — Stroke/TIA — Thyroid disease 												
<p>Additional notes about the member's behavior, physical, emotional or mental health needs pertinent to their participation in American Heritage Girls.</p>															
<p>Medications</p>	<p>_____ No medications are routinely taken.</p> <p>_____ The medications listed below are regularly taken (including inhalers, Epi-Pens, over the counter medications, homeopathic, and prescription medications). If medications of any type will be taken or needed during Troop meetings, events, activities or trips, please fill out the <i>Request for Medication Administration Form</i>. If additional lines are needed, please attach a separate page.</p> <table border="1" data-bbox="411 976 1866 1122"> <thead> <tr> <th data-bbox="411 976 898 1006">Medication</th> <th data-bbox="898 976 1377 1006">Dosage</th> <th data-bbox="1377 976 1866 1006">Reason for medication</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Medication	Dosage	Reason for medication									
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<p>Tetanus Immunization Policy: AHG requires members to have Tetanus immunization within the last 10 years.</p>	<p>_____ I (or my daughter) has received tetanus immunization on _____ (date).</p> <p>_____ I (or my daughter) have not received tetanus immunization and would like to request exemption based upon a lack of immunization records, religious, philosophical or medical grounds.</p> <p>Signature of individual or parent/guardian: _____</p>														

Member Name	
The following immunizations are recommended by AHG, Inc. but are not required.	
Immunization	Year Received
Pertussis	
Diphtheria	
Measles/mumps/rubella	
Polio	
Chicken pox	
Hepatitis A	
Hepatitis B	
Meningitis	
Influenza	
<p>I give permission for full participation in American Heritage Girls programs, events and activities, subject to limitations noted herein. I know of no health reason(s), other than the information indicated in this form, why I or my daughter should not participate in any of the American Heritage Girls activities.</p> <p>Please check one:</p> <p>_____ In case of an emergency, I understand every effort will be made to contact me (or my next of kin). In the event that contact cannot be made, I hereby give my permission to the licensed health-care provider selected by my Troop or Charter Organization to secure proper treatment, including related transportation, hospitalization, anesthesia, surgery, or injections of medication for myself or my child, except as noted. I agree to the release of records necessary for treatment.</p> <p>_____ I do not give my consent for medical treatment of my daughter or I. In the event of illness or injury requiring treatment, I wish AHG volunteers to take no action beyond basic first-aid measures.</p>	
Additional notes:	
Signature of individual or parent/guardian	
Date	

Troop Meeting Permission Slip

This form is valid for the entire Program Year.
If any information changes, parent/guardian(s) can make updates at any time.

Please return this form to the Troop by:		
Girl Name		
Troop number		
Meeting location address		
Typical meeting day		
Typical meeting time		
Emergency Contacts	Name	
	Relationship	
	Phone number	
	Name	
	Relationship	
	Phone number	
Girl Member can be released to the following people:		
I have submitted a Health and Medical Form which has my daughter's current health information.	Yes	
	No	
As the parent/guardian I authorize my daughter to participate in Troop Meetings for the duration of the Program Year.		
Parent/guardian signature		
Date		

Troop MN0521 2020-2021 VOLUNTEER OPPORTUNITIES

Name: _____

Daughters name(s): _____

WE NEED YOUR HELP! We are blessed to have such a large, thriving troop! It takes many hands to function well. For this reason, each girl needs at least one parent, guardian or grandparent to volunteer in some capacity. There are enough "jobs" and variety of jobs to make use of everyone's talents and availability. **Please indicate your area(s) of interest by putting a 1, 2 or 3 by your top 3 choices.** The following is a list of only the roles that NEED to be filled for the upcoming year. Many vital roles are already being filled by committed volunteers. AHG is a ministry of CCC and as such there are a few roles marked with an * that must be filled by CCC members or attenders.

___ ***Troop Shepherd-Board Position:** Encourages the spiritual growth of all troop members. Supports and prays for our Girls, Leaders and Troop. Leads or oversees devotions. Administers the Religious Recognition Program.

Roles with ongoing commitment on Monday Evenings

Note: Each age group will need a unit leader and an assistant. *One of them must be a CCC member/attender.

___ **Unit Leader:** Implement the AHG Program for your unit (group of girls by age).

___ **Unit Co-Leader:** Assisting the unit leader in implementing the AHG Program for your unit.

___ **Substitute Leader:** Sub/help at either the first meetings or the second meetings of the month. If you aren't needed as a sub you can be an extra set of hands in one of the units.

___ **Welcome Table Assistant:** Arrives a little early on Mondays and sits at the Welcome Table. Greet families and check in visitors. Assist families with forms, handouts and sign-ups, collect forms and payment and disperse to appropriate people. Usually stays for a little while afterwards also.

Roles with ongoing commitment but not necessarily present on Monday Evenings

___ **Service Coordinator or Service Event Coordinator:** Organizes & encourages service opportunities or ideas for the girls and troop (i.e. bell ringing at Christmas, packing OCC Shoe boxes, crafting 4 Cambodia) Reviews Service Logs. Works with the Service Events Committee.

___ **Social Events Coordinator:** Helps organize the Tenderheart and Explorer Socials. And the Mother Daughter Event. Works with Social Events Committee.

___ ***Registration Assistant/next year's *Registrar:** Helps current Registrar with registration, registration forms and uniform order. Hopefully this person would take over for our "graduating" current Registrar.

___ **Health and Safety Lead:** Tracks Troop Transport Forms and CPR/1st Aid certification for Leaders. Helps to ensure that health and safety policies are being followed at meetings and special events

___ **Camping Team/Outdoor Adventure Team:** We currently have 4 camps per year and need team members. We also would like to implement an Outdoor Adventure Team to plan one or two outdoor activities for the Troop. They could be service oriented (removing invasive plant species), learning a skill or earning a badge in a day, or just for fun and building relationships.

___ **Stars & Stripes Mentor:** Familiarity with the Stars & Stripes Award and procedures are a pre-requisite for this role. This is a very rewarding role to be able to come alongside a candidate as she plans and completes her Stars & Stripes Award. There is a procedure packet that serves as a road map for both candidate and mentor.

___ **Refreshment/Treat Coordinator:** Coordinates volunteers to bring treats for various Troop activities throughout the Troop year.

Roles with short-term commitments

___ **Winter Celebration/Spring Ceremony Coordinators (2):** Helps plan and coordinate the Winter Celebration and/or the Spring Ceremony.

___ **Social Events Committee (3-5+):** Plans and organizes the various Social Events (i.e. Tenderheart Social, Explorer Social, Mother/Daughter Social).

___ **Service Events Committee (3-5):** Helps the Service Coordinator or Troop Coordinator plan and organize the various Service Events (i.e. Crafting 4 Cambodia, OCC Shoe Box, Night of Eggcellent Service).

___ **Guest Speaker/Teacher:** (Various topics, badges, badge requirements) List your area of knowledge, giftedness, passion that you are willing to share or teach on. This could be anything from woodworking, American history, cake decorating, knitting, engineering, graphic design, outdoor skills, nutrition, computers, golf, military, scrapbooking, geocaching or orienteering, gardening, fashion, meteorology... **List it/them here:** _____

Parent/Guardian Signature Page

Parents/Guardians, please review our Troop's Policy Handbook and Guidelines.

"I have reviewed and am committed to adhering to the policies and guidelines in the MN0521 Troop Policy Handbook for the 2020-2021 Program year. I agree to actively participate in the Troop and to ensure the success of the Troop as a whole."

Girl's Name: _____

Guardian's Name: _____

Guardian's Signature: _____

Date: _____