

Payment & Order Form



Last Name: _____ First Name: _____

TOTAL DUE _____

TROOP DONATION _____

TOTAL PAID _____

Check Number: _____ Accepted By: _____ Date: _____



\$150 Per Child Member



Pathfinders (K) – Shirt, Necklace with Troop Numbers - \$28

Shirt Size (Youth) - X-SMALL – SMALL – MEDIUM – LARGE



Tenderhearts (1st-3rd) OR Explorers (4th-6th)

Vest, neckerchief, Slide, Flag, Membership Pin, Troop Numbers - \$40 (family to provide red, white or navy polo)

Vest Size – Y/S – Y/M – Y/L – Y/XL – A/S – A/M – A/L



Pioneers (7th-9th) AND Patriots (10th-12th)

Sash, Flag, Membership Pin, Troop Numbers - \$20 (family to provide red, white or navy polo)

Sash Size – 34" or 39"



Registered Leaders – Shirt (dry-wick polo) and lanyard - \$45

Shirt Size (Runs small) – SMALL – MEDIUM – LARGE – XLARGE – 2XLARGE – 3XLARGE



Class B Optional Short Sleeve Shirt – choose red or blue

YS - YL \$17 AS - AXL \$17 A2XL \$20 A3XL - A4XL \$21



Class B Optional Long Sleeve Shirt – choose red or blue

YS - YL \$20 AS - AXL \$21 A2XL \$28 A3XL \$30

Each year, AHG Girl and Adult Members must complete a new *Health and Medical Form* to be kept on file at the Troop level.

Member Full Name <small>(plus nickname)</small>				Attaching a photo to this form can help to avoid errors in identification.
Date of birth		Age		
Weight		Height		
Street Address				
Primary Adult for AHG Name and Relationship				
Email				Cell Phone Provider
Cell Phone Number				
Emergency Contacts	Name			
	Relationship			
	Phone Number/Email			
	Name			
	Relationship			
	Phone Number/Email			
Allergies: If applicable, please list all known allergies including medications, food, and environment.	Allergy	Normal reaction and management of reaction		
General Health Information: Check all that apply, past or present, to this member's health history.	<input type="checkbox"/> Abdominal/stomach/digestive problems <input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions/seizures <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes <input type="checkbox"/> Excessive fatigue <input type="checkbox"/> Fainting or dizziness <input type="checkbox"/> Head injury/concussion <input type="checkbox"/> Heart disease/heart attack/chest pain/heart murmur/coronary artery disease <input type="checkbox"/> Hemophilia or blood disorders <input type="checkbox"/> Hypertension (high blood pressure)		<input type="checkbox"/> Kidney Disease <input type="checkbox"/> Lung/respiratory disease <input type="checkbox"/> Menstrual cramps <input type="checkbox"/> Migraines/headaches <input type="checkbox"/> Motion/altitude sickness <input type="checkbox"/> Muscular/skeletal conditions/muscle or bone issues <input type="checkbox"/> Neurological disorders <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Sinus problems <input type="checkbox"/> Sleep apnea, sleepwalking or sleep disorders <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Thyroid disease	

Member Name					Troop Number	
Additional notes about this member's behavior, physical, emotional or mental health needs pertinent to their participation in American Heritage Girls.						
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> .	<input type="checkbox"/> No medications are routinely taken. <input type="checkbox"/> The medications listed below are regularly taken (including inhalers, Epi-Pens, over the counter medications, homeopathic, and prescription medications). If additional lines are needed, please attach a separate page.					
	Medication		Dosage		Reason for medication	
Tetanus Immunization Policy: AHG requires members to have Tetanus immunization within the last 10 years.	<input type="checkbox"/> I (or my daughter) has received tetanus immunization on _____ (date). <input type="checkbox"/> I (or my daughter) have not received tetanus immunization and I would like to request exemption based upon a lack of immunization records, religious, philosophical or medical grounds. Signature of individual or parent/guardian: _____					
Immunizations: The following immunizations are recommended by AHG, Inc. but are not required.	Type	Year Received	Type	Year Received	Type	Year Received
	Pertussis		Polio		Hepatitis B	
	Diphtheria		Chicken pox		Meningitis	
	MMR		Hepatitis A		Influenza	
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. Please check one: <input type="checkbox"/> 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. <input type="checkbox"/> 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						
Additional notes:						
Signature of individual or parent/guardian					Date	

COMMITMENT & PARTNERSHIP PLEDGE

Registering in AHG-0226 is a **partnership** between our Troop and your family that is focused on honoring God in all we say and all we do. The Troop, your family, the AHG Leaders and your AHG Member, all have specific responsibilities to ensure a Biblical and positive response in actions, as well as interactions with each other. This pledge outlines the commitment being made by each:

<p>NC-0226 and NC-0226 Leader commitment to AHG Members & their families:</p> <ul style="list-style-type: none"> • Provide every AHG Member and family an accepting, fair and safe environment in which to grow and have fun while affirming that they are made in the image of God. • Provide open & honest communication with AHG Members and their families, always communicating the value & worth of every person, with love as our true motive • Provide regular, clear, consistent & timely communication of important information • Provide an example of a Christian lifestyle worthy of the Lord and honoring to Him, in and out of meetings. 	
<p>Families' commitment to NC-0226 & their daughter:</p> <ul style="list-style-type: none"> • Treat all volunteers, AHG Members, and other fellow parents with courtesy and respect • Provide the AHG Member with the support and home environment that encourages the best end result through full participation in the program • Ask questions directly of the leadership, and bring any situation that may need to be addressed directly to them • Read all Troop e-mails and take appropriate action when necessary, as e-mail is the primary method of Troop communication regarding events, payments, campouts, etc. 	<p>AHG Member commitment to NC-0226 & to her family:</p> <ul style="list-style-type: none"> • Show respect, courtesy, and consideration for other AHG Members, Leaders and visitors • Be responsible to attend meetings and events on time, and to treat all Church, Troop, and individual property with great care • Cell phones & electronic devices are to be turned off & put away during Troop meetings and events. Cell phones & electronic devices are not permitted by AHG Members on campouts. • Each AHG Member will participate to the best of her ability in service projects, Troop meetings, campouts, events, leadership roles, and fundraisers.

It is expected that all AHG Members of NC-0226, both youth and adults, will at all times, to the best of their ability, live by and exemplify the AHG Creed and Oath. Youth are expected to observe Troop rules, show respect to Troop leaders, and to be courteous to each other. The following conduct would be considered inconsistent and contrary to the Oath and Mission of AHG NC-0226, and therefore would require corrective action to bring about a change of heart and behavior.

- Conduct including, but not limited to: Disruptive or destructive behavior, unsafe actions, theft, vandalism, vulgar or foul language, aggressive physical contact, alcohol, tobacco, or other illegal substances, and possession of unauthorized items or equipment.
- Corrective action, based on the severity and gravity of the conduct, may include one or more of the following:
 1. Meeting or discussion with the AHG Member (or Leader)
 2. Conference with AHG Member and her parents
 3. Suspension ranging 1-12 months (AHG Member is not allowed to attend Troop functions and cannot advance in rank. AHG Member or Leader may also forfeit leadership position.)
 4. Expulsion/removal from Troop

I understand that my responsibility as an AHG Member is to follow these guidelines. I also agree that I have read the Troop Policy & Procedures manual, located at the church for reference and am willing to accept and abide by these policies and procedures.

_____ (initial) **I understand that as an AHG Leader it is my responsibility to follow the Leader Commitment described above.**

I agree that the Troop Board can hold me accountable to this commitment and I understand that I will be disciplined according to this plan.

Parent/Guardian Signature & Date:

AHG Member Signature & Date:

PERMISSION SLIP AND AUTHORIZATION TO TREAT

Name: _____ **Parent Cell Phone :** _____

I authorize text notifications (circle yes or no)

☐ Registered Youth Member (under age 18)

☐ Registered Adult (18 and older)

I, the undersigned, give my child (myself if adult), _____, permission to participate and attend American Heritage Girls NC-0226 meetings, activities and campouts, with the understanding that participating in American Heritage Girls' events is entirely voluntary and may pose risks of unforeseen hazards, accident, or injury. In the event of a medical or dental emergency, illness, or injury, every attempt will be made to contact the persons listed as emergency contact on the American Heritage Girls Health and Medical Record.

My child (or I) has (have) a chronic medical condition of _____ that requires regular medication. I will ensure that my child (or I) has (have) all proper medication for the duration of American Heritage Girls' functions.

I grant my permission to Registered Adults of the Troop to use his/her discretion to provide First Aid and emergency care in the event of an accident, pending arrival of a physician, or for removal from the area of activity by car or other emergency vehicle, and in the exercise of said care and/or discretionary action, we release the Registered Adults of all liability, legal or otherwise for the emergency medical care. I grant my permission to the Registered Adults of the Troop to provide for and administer life-saving techniques, equipment, or medications, in the event of an unforeseen life-threatening situation or imminent peril. I also hereby give my consent to the physician or dentist selected to provide and perform all necessary medical procedures (including, but not limited to hospitalization, x-ray examination, surgery, injections, test, or medications) in order to protect by child's life (myself if adult) or prevent harmful deterioration in condition. I also authorize medical providers to disclose to the Registered Adults the results of any findings, tests, examination or other treatment, for the purpose of medical evaluation, communication with parents, or otherwise to enable the Adult Leaders to make the decisions hereby assigned to them. Any of the Registered Adults of American Heritage Girls NC-0226 are further authorized to consent to medical procedures on my behalf.

I understand all reasonable safety precautions will be taken at all times by the Registered Adults of Troop NC-0226. I agree not to hold American Heritage Girls NC-0226, Troop Registered Adults, Living Stones Fellowship, its leaders, employees and volunteer workers liable for damages, losses, diseases or injuries incurred through the participation in any Troop activity or Troop trip. I give my permission for my child (myself) to ride in the car with Registered Adults as needed to engage in Troop activities or Troop trips. I relieve all drivers of liability on the trip and will not make any monetary or other claim against Troop NC-0226, or their drivers, for accidents or injuries that may occur while riding in an automobile. In consideration of the benefits to be derived from participation in Troop trips and activities, any and all claims against American Heritage Girls, AHG, Inc., AHG Registered Adults, Troop NC-0226, and the chartered organization or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss harm to/or incurred to his or her property, in connection with or incidental to the trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicants family or guardians. I further understand that as a parent or guardian (or self), I assume all responsibility for behavior and agree to abide by all American Heritage Girls guidelines, rules and laws. I understand that failure to abide by these guidelines may result in dismissal from the activity at my own expense and any costs of damages incurred.

Printed Name of Parent/Guardian (myself, if adult participant)

Signature of Parent/Guardian (myself if adult participant)

Date _____

Please Note: American Heritage Girls Members and Leaders should provide a physician-signed document for trips greater than 72 hours. You may download that form on the AHG website under the Troop Resources Tab: AGH High Adventure Activity Medical Form