



Daisy Design Challenge Badge Workshop



October 26, 2019

1:00-3:00 PM

GSCNC Camp Brighton Woods, Brookeville, MD

Interested in learning about engineering and design. Come to our Badge Workshop and learn how to build a model car, roller coaster or board game and earn a Daisy Design Challenge Badge. Daisy Girl Scouts can come and have a fun afternoon learning about design.

Daisies will work with Older Girl Scouts in an interactive hands on activity. Girls wear their vest or smock and dress in comfortable clothing as they will get dirty building their projects.

Workshop minimum is 12. **Cost for the workshop is \$20.00 and includes badge, snack and materials for workshop. Please plan to arrive 15 minutes before start time for check-in. We will start promptly.** Girls should bring their own refillable water bottles. *Registrants not present and participating will not receive badge or materials.* Girls and their female friends in Kindergarten and First Grade are invited to attend Design Challenge Workshop. *Please no siblings.*

All registrations are due by October 12, 2019. You can [sign-up here](#) and pay online, sign-up on waitlist and pay via PayPal Invoice online with debit/credit card, or send a check payable to GSCNC for total due with this form along with check to Daisy Design Challenge, c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick, MD 21702. Girls are welcome to attend without their troop but must have a permission/health history form. If you have any questions please email troop81378@gmail.com ore kskingsford@gmail.com.

No refunds after registration closes. Girls not present and participating will not receive badge or materials.

All Girls are expected to assist in clean-up after workshop is complete

Leader/Parent
 ⇒ **Name:** _____ **E-mail:** _____
Troop Number: _____ **School:** _____
 If no troop **Girl Name:** _____ **Mobile #:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
_____ **Girls** X \$20.00 = _____ **# Chaperons** _____ **Check if signed up online**
Pick Badge: **Car Design** **Roller Coaster** **Board Game**

Date Received: _____ Amount Received: _____ Check # _____ Acct: _____

Financial Assistance is available for girls, for more information please access the online sign-up link and a financial assistance form is available for download there, please apply for Financial Assistance before 09/01/2019.



Permission Slip with Health History

Program Name: Daisy Design Challenge Badge Workshop Date: 10/26.2019

Girl's Name _____ Age _____ Grade _____ Birth date ____/____/____
Address _____ Phone _____
City _____ State _____ Zip _____ Email _____
Mother/Guardian _____ Day phone _____
E-mail _____ Evening phone _____ Cell _____
Father/Guardian _____ Day phone _____
E-mail _____ Evening phone _____ Cell _____
School Attending _____ State _____ Grade _____ Troop # _____ Level _____

The registrant's racial background is: *(optional)*

- American Indian or Alaskan Native Asian Black or African American White Other _____
 Hawaiian or Pacific Islander *(please check one)* Hispanic or Latina Not Hispanic or Latina

Must have information for emergency contact if parent(s) cannot be reached (please print clearly):

Name/ Relationship: _____ Phone: - _____
Name/ Relationship: _____ Phone: _____

HEALTH HISTORY – All Information provided will be kept confidential

Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed

Are all immunizations up to date? ___Yes ___No If no, please state reason: _____
Please provide comments where applicable: Medication being taken _____
Special dietary needs/restrictions: _____ Weight of camper for dosage purposes: _____
Specific information including physical, psychiatric or behavioral problems: _____

Insurance company: _____ Policy Number: _____ Group # _____
Family physician: _____ Phone: Day _____ Eve _____

Parent Permission Statement

- The health history is correct as far as I know, and the person herein described has my permission to engage in all events activities except as noted. If she appears ill, I will not send her.
- EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby grant permission to the program director to secure proper treatment for my child.
- The Girl Scouts may use any photo in which my child appears to promote Girl Scouting.

My child may be given : Aspirin Benadryl Ibuprofen Neosporin Tylenol None

Parent/Guardian Signature required:

Signature _____ Date _____

To Register: Send Registration form along with this Permission/Health History form to "Event Name", c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick MD 21702 Registration fee should be paid online or via check and sent with Registration. Online sign- ups are not considered "registered" until payment is received. For questions please contact: troop81378@gmail.com or kskingsford@gmail.com.

Girl Name: _____