

Daisy



# Once Upon a Time Event

February 8, 2020

10:00-12:00 PM

Trinity UMC, Frederick, MD

Love Fairy Tales? Want to have spend the morning learning about different fairy tales, dressing up like a princess and having a tea party? Come to the Once Upon a Time Event. We'll learn about Fairy Tales and make fun crafts based on those fairy tales. Learn princess manners and have fun at the tea party.

Workshop minimum is 12. **Cost for the workshop is \$25.00 and includes patch, snack and materials for event. Please plan to arrive 15 minutes before start time for check-in. We will start promptly. Girls should bring their own refillable water bottles. Please no siblings or others unless registered for event.**

**Registration closes on 01/25/2020 no refunds after this date.** 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 Badge Name, 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](mailto:troop81378@gmail.com) ore [kskinsford@gmail.com](mailto:kskinsford@gmail.com).



Girls not present and participating will not receive materials, badge, patch or award

Leader/Parent Name: _____	E-mail: _____
Troop Number: _____	School: _____
If no troop ⇒ Girl Name: _____	Mobile #: _____
Address: _____	City: _____
State: _____	Zip: _____
# _____	Girls X \$25.00 = _____
# Chaperon _____	<input type="checkbox"/> Check if signed up online

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Check # \_\_\_\_\_ Acct: \_\_\_\_\_



Permission Slip with Health History

Program Name: Daisy Once Upon a Time Event Date: February 8, 2020

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: