



Sisterhood Gold Award Boot Camp January 12 2020— April 19 2020



Are you interested in earning your Gold Award?

Need to complete a Journey?

Want to work with a group of girls with the same goals?

The Gold Award Boot Camp is for you. This program is designed to assist girls with earning a Journey and completing a comprehensive Gold Award Workshop including: brainstorming ideas, understanding the Gold Award process, understanding the scope of a Gold Award Project and providing you with the tools you need to complete your proposal.

Girls will need to make a commitment to attend four meetings and a overnight. We'll make them the commitment that they will complete all the requirements for a Journey, explain the Gold Award Process, and work with them on their project ideas and proposal writing* to meet the Gold Award standard.

The boot camp cost is \$95.00. It includes Journey Book, Journey Take Action Project, Journey Award, Overnight Camp, Gold Award Workshop and brainstorming session all materials and Notebook with Handouts. **Registration due December 29, 2019.**

Boot Camp scheduled **Meetings** are **January 12, 2020, February 9, 2020, March 8, 2020 (3:00-5:00 PM) and April 19, 2020 from 3:00-5:00 PM (except where noted)** at Brook Hill UMC in Frederick, MD or GSCNC Camp Potomac Woods Leesburg VA.

Overnight is scheduled for **March 13, 2020 (but may change subject to camp availability)**. Minimum to hold Gold Award Boot Camp is 12. Please sign-up online here: <https://www.signupgenius.com/go/60B0E49AFAB2AA3F85-spring1> or email kskingsford@gmail.com or for more information.

Girls attending this program should be mature enough to work on their own and in a cooperative/team environment.

*What we can't do is write their proposal for them, or complete their project.

Girls needing financial assistance should apply by completing Financial Aid form available on the sign-up website or at gscnc.org



Sisterhood Gold Award Boot Camp Registration Form & Information



Information for parents:

The boot camp is designed to give the girls a better understanding of the requirements for a Gold Award Project. We start this process by having them complete a Journey. During the journey they will review the Journey book and pick a subject of interest to them. Based on their interest they will work alone or with a partner to build a 15-20 information session on their subject. These will be presented within the group at a meeting or at the overnight. They will then plan a Journey and/or badge event for younger girls as their "Take Action Project".

The Take Action Project Journey or badge will be in the same family as the Journey for the Boot Camp (**global link**). This allows them to leverage the information they learned working on their journey and share it with others (**leadership**). This helps them understand how to research, plan, commit their activity to paper and present a subject to others. They are required to have the girls take home something from their activity (**sustainability**). After we complete the "Take Action Project" we'll have a discussion about what worked, what didn't, what could have been done better (**evaluation**), etc. This will give them ideas of how to structure their Gold Award Project. Also, by working in a group they understand it is important to work with others and build a **team** to help them with their project. They will be asked to attend one additional meeting to help prep and organize materials for their event which is not currently scheduled. I have bolded the specific area that are usually lacking in most of the Gold Award Proposals that are submitted to the panel for review by girls.

We then will have an Overview Gold Award Workshop meeting where they will learn the requirements for their Gold Award. We'll cover the dates, how proposals are scored, what is allowed, what is not allowed, etc. The next meeting we'll dive into proposals. We'll discuss their proposal ideas and how to scope them for a Gold Award Project.

Parents are invited to the last hour of this meeting.

Lastly, **this is your daughter's project**. She should be making contact with me directly regarding the Boot Camp, as they will be working directly with a Gold Award Panelist as their mentor for their award. This will help her with interacting with an adult with which she would normally not have ongoing contact.

Parent Name: _____	Phone Number: _____
Parent Email: _____	Cell Number: _____
Daughter Name: _____	Cell Number: _____
Daughter Email: _____	Age: _____ Grade: _____
School: _____ Troop # _____	Level: _____

Known Food Allergies: _____

For those not registering online please send your check for \$95.00 made payable to GSCNC to:
GABC, c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick, MD 21702

Girls needing financial assistance should apply by completing Financial Aid form available on the sign-up website or at gscnc.org

Girl Name: _____



Parental Permission Multiple Activity Form

This form is mandatory for any activity outside of the normal meeting site/time. This form is also mandatory whenever an activity involves a sensitive issue, including activities occurring during troop meetings. Parents/guardians are required to complete this form in order for their child to participate in the activities stated on the form. Completed forms are to be returned to the individual stated on the form. This form is to be retained by the troop leader for three years.

ACTIVITY INFORMATION (To Be Completed By the Troop/Group Leader)

ACTIVITY #1

Activity Type: Day Trip Overnight High Adventure Sensitive Issue

Description of Activity: _____ Activity Cost: _____ Transportation: _____

Activity Start and End Date(s): _____ Activity Location: _____

Departure Time and Location: _____ Return Time and Location: _____

Additional Information: _____

ACTIVITY #2

Activity Type: Day Trip Overnight High Adventure Sensitive Issue

Description of Activity: _____ Activity Cost: _____ Transportation: _____

Activity Start and End Date(s): _____ Activity Location: _____

Departure Time and Location: _____ Return Time and Location: _____

Additional Information: _____

ACTIVITY #3

Activity Type: Day Trip Overnight High Adventure Sensitive Issue

Description of Activity: _____ Activity Cost: _____ Transportation: _____

Activity Start and End Date(s): _____ Activity Location: _____

Departure Time and Location: _____ Return Time and Location: _____

Additional Information: _____

TROOP LEADERSHIP DURING ACTIVITIES

Leader: _____ Adult-In-Charge: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

If the Leader, Adult-In-Charge and/or Emergency Contact listed above will not be serving in their positions during all three activities, provide the position title, phone numbers and e-mail for those that will be, and specify which activity or activities they will be providing leadership for:

Complete the Parent/Guardian Permission Statement on the following page and return to: _____ by: _____
(Name) (Due Date)

Note: All activities must be conducted in accordance with the Girl Scouts of the USA and the Girl Scouts Nation's Capital's policies, standards, and guidelines regarding safety and adult supervision.

PARENT/GUARDIAN PERMISSION STATEMENT (To Be Completed By the Parent/Guardian)

Name of Child: _____

CONTACT INFORMATION DURING ACTIVITIES

Parent/Guardian: _____ Parent/Guardian: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

The following statements apply to ALL of the activities on this form that you are giving your child to permission to participate in:

I understand that I am responsible for ensuring that my child is prepared to participate in activities as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during these activities. I further understand that, if in the opinion of the leader or adult-in-charge, my child is not behaving appropriately, I may be asked to pick-up my child early from an activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for the activity: Yes No

I understand that my child may not participate in an activity if she appears to be ill. I further understand that if my child appears to be ill when she arrives at an activity or become ill during the activity, I will be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for the activity: Yes No

I understand that I must provide written permission for the first-aid to witness any medication that my child may need. I understand that this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the first-aid, along with the medication which must be in the original container: Yes No

When participating in Girl Scout activities, my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA: Yes No

For High Adventure Activities Only: I understand that during high adventure activities, my child will be exposed to an above normal risk of injury. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to these activities. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in these activities: Yes No

For Sensitive Issue Activities Only: I understand that during sensitive issues activities, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to these activities. I am confident of her maturity and ability to participate: Yes No

State which of the activities on this form you are giving your child permission to participate in. Your child will NOT be able to participate in any activities that you do not list here:

Activity: _____

Activity: _____

Activity: _____

My child is a registered Girl Scout and I give her permission to participate in the activity or activities that I have listed above: Yes No

Parent/Guardian Signature: _____ **Date:** _____

Girl Health History and Emergency Medical Authorization Form

This form must be completed annually and as changes occur by the child's parent or guardian and returned to the troop leader and/or troop first-aider prior to attending the first troop meeting. Use additional paper if needed.

Child's Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ School: _____ Grade: _____ Troop Number: _____

PARENT/GUARDIAN INFORMATION

Child is in the custodial care of: Both Parents Mother Only Father Only Other: _____

Parent/Guardian 1: _____ Address (if different than child's): _____

Phone 1: _____ Phone 2: _____ Phone 3: _____ E-mail: _____

Parent/Guardian 2: _____ Address (if different than child's): _____

Phone 1: _____ Phone 2: _____ Phone 3: _____ E-mail: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____ Phone 3: _____

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____ Phone 3: _____

HEALTH INFORMATION (Check all that apply and provide requested information)

Allergies	Yes	No	Explain "yes" answers. Include the type of allergy (e.g.- "nut allergy" in the food category)
Animals	<input type="checkbox"/>	<input type="checkbox"/>	
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	
Plants/Trees	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Condition	Dates	Condition	Dates	Condition	Dates
<input type="checkbox"/> ADD/ADHD		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Muscle Disease/Disorder	
<input type="checkbox"/> Arthritis		<input type="checkbox"/> Fainting		<input type="checkbox"/> Nervous System Disorder	
<input type="checkbox"/> Asthma		<input type="checkbox"/> German Measles		<input type="checkbox"/> Sickle Cell Anemia	
<input type="checkbox"/> Athletes Foot		<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Sinusitis	
<input type="checkbox"/> Bed Wetting		<input type="checkbox"/> Headaches/Migraines		<input type="checkbox"/> Skeletal Disease/Disorder	
<input type="checkbox"/> Bleeding/Clotting Disorder		<input type="checkbox"/> Hearing		<input type="checkbox"/> Skin Conditions	
<input type="checkbox"/> Bronchitis		<input type="checkbox"/> Heart Defect/Disease		<input type="checkbox"/> Sleep Disturbance/Walking	
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Hypertension		<input type="checkbox"/> Stomach Upsets	
<input type="checkbox"/> Colds/Sore Throats		<input type="checkbox"/> Kidney Disease		<input type="checkbox"/> Urinary Tract Infections	
<input type="checkbox"/> Constipation		<input type="checkbox"/> Measles		<input type="checkbox"/> Wear: <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses	
<input type="checkbox"/> Convulsions		<input type="checkbox"/> Mononucleosis		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Motion Sickness		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Ear Infections		<input type="checkbox"/> Mumps		<input type="checkbox"/> Other: _____	

Explain any specific needs or accommodations required: _____

Explain any known behavioral and/or emotional problems: _____

Explain any psychiatric counseling or hospitalization: _____

Explain any operations or serious injuries: _____

Explain any disabilities or chronic or recurring illnesses: _____

Explain any activities that are discouraged or limited by your child's physician: _____

Explain any dietary modifications: _____

Has menstruation begun? Yes No If not, does she know what it is? Yes No If yes, is her menstrual history normal? Yes No

Since her last health exam, has your child had:	Yes	No	Explain "yes" answers. Provide details and dates.
A serious injury requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	
An illness lasting longer than one week?	<input type="checkbox"/>	<input type="checkbox"/>	
An in-patient hospital or emergency room treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
Restrictions from participating in any activities?	<input type="checkbox"/>	<input type="checkbox"/>	

Date of Last Health Exam: _____ Current Height: _____ Current Weight: _____

IMMUNIZATION HISTORY

Are all immunizations current? Yes No If not, state reason(s): _____ DTP or DT (Tetanus) Date: _____

MEDICATION INFORMATION

Are any prescription medications being taken? Yes No Are any of the following used? Inhaler EpiPen

Name of Medication	Reason for Medication	Dosage	Frequency

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

MEDICAL CARE AND INSURANCE INFORMATION

Physician: _____ Phone: _____ Dentist/Orthodontist: _____ Phone: _____

Preferred Medical Facility: _____ Address: _____

Insurance Company: _____ Policy #: _____ Policy Holder: _____

Company Address: _____ City: _____ State: _____ Zip: _____

AUTHORIZATION FOR MEDICAL CARE

This health history is correct so far as I know. The person herein described has permission to engage in all activities except as noted. I hereby give permission to the First-Aider or Adult-In-Charge to provide routine health care and witness prescribed medications. I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Girl Scouts of the USA, Girl Scouts Nation's Capital, or individual units. Should a medical emergency arise during my child's participation in a Girl Scout-sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers I have given. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life-sustaining measures deemed necessary under the circumstances. This completed form may be photocopied.

Signature: _____ Date: _____

* If for any reason you cannot sign this form, attach a written statement to this form. The statement must be signed for attendance/participation.

Girl Readiness and Behavioral Agreement Form

This form can be used by Girl Scouts to encourage appropriate behavior during troop/group meetings and activities. This form can also be used as a guide for troops/groups that are developing their own behavioral agreements.

As a Girl Scout, I realize that behaving appropriately and having a positive attitude is necessary in order for me to have a good experience in Girl Scouting. I also realize that behaving appropriately and having a positive attitude helps the people I interact with to also have a good experience in Girl Scouting. Consequently, I agree to abide by the following:

- I will be sensitive to the needs of everyone in my troop/group.
- I will respect the people that I interact with and the places that I visit.
- I will not use abusive or profane language.
- I understand that my using alcohol, tobacco, or drugs during a Girl Scout meeting or activity will not be tolerated, and that I will be expelled from the activity or meeting if I do so.
- I will be responsible for my personal belongings and equipment and I will not hold my troop/group or the Girl Scouts Nation's Capital responsible for any losses or damages due to my negligence or neglect.
- I will treat all equipment provided for my use with care. I understand that I will be assessed for damages to any equipment in the event that my use of such equipment is negligent or abusive.
- I will use all required safety equipment and follow safety rules and procedures.
- I will fulfill my share of daily responsibilities such as food preparation, setting up camp, cleaning up, and shopping.
- I will let the adults who are responsible for me know where I am at all times and I will follow the buddy system.
- I understand that if I am sent home early due to any misconduct, it will be at my parent or guardian's expense and that the adults who are responsible for me will make the travel arrangements and notify my parent or guardian of those plans.

Girl Signature: _____ **Date:** _____

As the parent or guardian, I am aware of and agree to the expectations listed above for how my daughter is expected to behave in Girl Scouting.

Parent/Guardian Signature: _____ **Date:** _____



Adult Activity Waiver

This optional form may be requested by event coordinators when hosting adult participants for rigorous physical activities. The Adult Health History form is now retired.

Name of Girl Scout Event/Activity

Date

I, _____ the undersigned, attest and verify that I am mentally and physically fit and able to participate in this event/activity and acknowledge that I am aware of the inherent risks in participating in this event/activity. I understand that as a registered adult volunteer of Girl Scouts Nation's Capital I am covered under the Girl Scout insurance when participating in a Girl Scout event.

I waive this opportunity to disclose my health history.

I choose to disclose the following health information that may be helpful for a first aider or event coordinator to know about me: _____

Signature

Date

Print Name

Troop, Service Unit, or Association (if applicable)

Emergency Contact

Relationship

Phone

This form is available at: www.gscnc.org
Last Updated: August 2015