



# Brownie Think Like a Citizen Scientist Journey Workshop



**May 16, 2020—9:00 AM -12:00 PM**

**GSCNC Troop TBD**

**Potomac or Brighton Woods**

Ever wonder how you can contribute to Scientific Research? Like to study bugs, animals, weather or the environment? Come to the Brownie Think Like a Citizen Scientist Workshop and learn how you can help scientist with their research and “making the world a better place”!

Scientist are looking for citizens to help with research that they are not able to do in the field. Some of the projects they are looking for help with are studying bees, local amphibian populations and other species. Recruit your family to help and become a Citizen Scientist.

In this workshop we’ll explore how scientist are being assisted by citizens who provide critical data for their research studies. Brownies sharpen their observation skills through activities that challenge them to notice changes in people's appearances and a group of items. Girls learn why it is important for scientists to use observation and are introduced to citizen science.

Workshop minimum is 12 maximum is 84. **Cost for the workshop is \$32.00 and includes Journey Award Badges, 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.** Girl Scouts and their friends in 2nd and 3rd grades are welcome to attend. Please no siblings or others unless registered.

**Registration closes on 05/02/2020, 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 Brownie Think Like a Citizen Scientist Journey Workshop, 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 [kskingsford@gmail.com](mailto:kskingsford@gmail.com).

*Girl Scouts not present or participating will not receive Journey Award Badges 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 \$32.00 = \_\_\_\_\_ # Chaperon \_\_\_\_\_  Check if signed up online

---

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 **April1, 2020.**



Permission Slip with Health History

Program Name: Brownie Think Like a Citizen Scientist Journey Workshop Date: May 16, 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: