



Cadette Eating for Beauty

Badge Workshop

May 3, 2020—2:00-5:00 PM

GSCNC Camp TBD—Potomac or Brighton Woods

Nutrition isn't just about maintaining a healthy weight: Eating well helps you inside and out. Choosing the right foods can help you sleep better, stress less, and get smooth skin, shiny hair, and strong nails. In this badge, find out how to eat to keep your skin glowing, your mind focused, and your energy flowing!

Steps

1. Know how good nutrition helps your body stay healthy
2. Find out how what you eat affects your skin
3. Explore how your diet affects your stress level
4. Investigate how what you eat affects your sleep
5. Look at how your diet affects your energy

Purpose

When I've earned this badge, I'll know how to eat my way to a healthy mood, mind, and body.

Workshop minimum is 12. **Cost for the workshop is \$25.00 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.** Girl Scouts in 6th-12th grades are welcome to attend. Please no siblings or others unless registered.

Registration closes on May 19, 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 Cadette Eating for Beauty, 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 or kskingsford@gmail.com.

Girl Scouts not present or participating will not receive Badge, Patch or Award

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 \$25.00 = _____ # 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 04/01/2020.



Permission Slip with Health History

Program Name: Cadette Eating for Beauty Badge Workshop Date: May 3, 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: _____