



Cadette LiA



Think Like a Citizen Scientist

May 8, 15 & 16, 2020

Meetings 7:00-9:00 PM Event 9:00-12:00 PM

GSCNC Camp TBD—Potomac or Brighton Woods

Cadette Girl Scouts can earn their LiA Award through planning session activities and then presenting them to Brownies at Journey Event. Girls will complete all requirements for the LiA Award by attending both planning meetings May 8th and 15th as well as running sessions at the Brownie “Brownie Think Like a Citizen Scientist” Journey event on May 16, 2020

Meeting on May 8th will be “working with younger girls” training and Cadettes will be put into small groups to work with younger girls and discuss session activities to be presented. Meeting on May 15th, girls will run through their session presentations and set-up for event on Saturday.. April 25, girls will host sessions for Brownies earning their “Think Like a Citizen Scientist Journey”.

Workshop minimum is 12 maximum is 24. **Cost for the workshop is \$23.00 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.**

Only Cadette Girls Scouts currently in 6th and 8th grade who are mature enough to work with other Cadettes and younger girls with limited adult supervision should register for this Workshop and Event. Adults are expected to help with session timing and health and safety, but not run sessions for the Cadettes.

Registration closes on 04/24/2020, 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 Think Like a Citizen Scientist LiA, 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.

Girl Scouts not present or participating will not receive LiA Award 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 \$23.00 = _____ # 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 LiA Think Like a Citizen Scientist Date: 5/8, 15 & 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: