



Daisy Think like an Engineer

Journey Workshop

October 26, 2019

9:30 —12:00 PM

GSCNC Camp Brighton Woods, Brookeville, MD

Is your troop interested in learning what an Engineer does? We have the Journey for you. Girls will learn how to build a fairy house make a puff vehicle and build a bridge to cross a canyon. They'll put their engineering skills to work building a bird-house for them to take home for their Take Action Project. At this workshop the girls will learn what an Engineer does daily in their jobs and how they can help the world be a better place.

Girls should wear comfortable clothes that they can move around in and get dirty. They'll be working in small groups designing and building their projects.

Workshop minimum is 12. **Cost for the workshop is \$30.00 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. Registrants not present and participating will not receive badges or materials.** Daisies and their female friends in Kindergarten and First Grade are invited to attend Journey Workshop. Please no sibling tagalongs.

All registrations are due by 10/12/2019. 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 Daisy Engineering Journey, 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.

No refunds after registration closes. Girls not present and participating will not receive badge or materials.

All Girls are expected to assist in clean-up after workshop is complete

Leader/Parent
Name: _____ **E-mail:** _____

Troop Number: _____ **School:** _____

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 If no troop **Girl Name:** _____ **Mobile #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

_____ **Girls** X \$30.00 = _____ **# Chaperon** _____ **Check if signed up online**

Date Received: _____ Amount Received: _____ Check # _____ Acct: _____



Permission Slip with Health History

Program Name: Daisy Think Like and Engineer Journey Workshop Date: October 26, 2019

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: