



# Cadette Citizen Scientist

## Journey Workshop

**May 2, 2020—9:00-12:00 PM**

**GSCNC Camp TBD**

**Potomac Woods or Brighton Woods**

Interested in learning how you as a citizen can help scientist make the world a better place. Want to know you and your fellow Girl Scouts can work together to collect information and help solve a large problem. Come to the Cadette Think Like a Citizen Scientist Journey Workshop and learn how groups collecting scientific data can make an impact on a larger science project..

We'll learn how Scientists collect data and analyze it to help with specific science problems. Science has an impact on everyone on a daily basis whether it's the cold of winter or the heat of summer there is a scientist collecting information about the weather to study climate change. When your enjoying your lunch science has had an impact on the food your eat and whatever you drink. Science touches your life every day in ways you might not even be aware of, so join the fund and learn about science.

Workshop minimum is 12 maximum is 24. **Cost for the workshop is \$36.00 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 April 18, 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 Think Like and Engineer 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 Badge, Patch or Award*

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

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Leader/Parent Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Troop Number: \_\_\_\_\_ School: \_\_\_\_\_  
 If no troop ⇒ Girl Name: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 # Girls X \$36.00 = \_\_\_\_\_ # Chaperon  Check if signed up online

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Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Check # \_\_\_\_\_ Acct: \_\_\_\_\_



Permission Slip with Health History

Program Name: Cadette Think Like a Citizen Scientist Journey Workshop Date: May 2, 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: