

Hosted by GSCNC Troop 81378



# It's Summer Down Under Australian Teen Lock-In March 6-7, 2020 Trinity UMC Frederick, MD



If its winter in north America that means it's summer down under. Come enjoy dinner and activities with an Australian flair. We'll have a BBQ dinner, watch Australian themed movies, have some of Australia's favorite snacks and make some fun Australian crafts. We'll also have your favorites games, hair and nail bar and the cooking class.



**Boomerang Making  
Platypus Craft**



**Australian BBQ Dinner**



**Aboriginal Art**



**Game Room**



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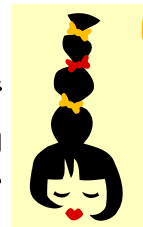
**Sock Platypus craft**



**Chocolate Crackle Anzac Biscuits**



**Crocodile Dundee  
The Man from  
Snowy River  
Crocodile Hunter**



**BAR**

Bring your sleeping bag, pillow and air mattress or sleep pad and have a great time. Cadette, Senior or Ambassador registered Girl Scouts and their friends are welcome to come with their Troop, Juliette or individual Girl Scouts are welcome to come on their own. Registration is \$30.00 per girl and includes dinner, snack choice of craft and all other activities.



**Registration is limited to the first 60 girls.  
Cooking class has 20 girl limit**

Registration can be completed online. **All girls registering for this event must complete and email at least one week in advance or with them the Permission Slip/Health History Form and Behavioral Contract attached.** The attached registration form includes preference activities. This is a request for planning purposes only and does not guarantee they will be available at the event if they wait until the end to participate in that activity. **Parents must complete the pick-up information when they drop off, girls will only be released to the person(s) listed on that form.**

This form can be scanned and emailed to arrive by 3/1/19 or must be brought to the event



# Teen Scout Lock-in Registration Form



Parent(s) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Teen Name: \_\_\_\_\_ Email: \_\_\_\_\_

Girl Scout Status:  Unregistered  Registered Number of Years: \_\_\_\_\_

Troop Number: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

I would like to buddy on activities with: \_\_\_\_\_

Registration fee for this event is \$30.00 per Girl Scout or Unregistered girl in 6th through 12th grade. Cooking class has a limited number of participants, teens will be registered into this based on the date registration and payment are received by the registrar. Some activities are scheduled and teens will be assigned times as they are available, every effort will be made to pair them with their buddy for activities but are not guaranteed. Attending craft activities at the assigned time is their responsibility. **Permission/Health History and Behavioral Contracts are attached to this form and are due either via mail or scan and email by 2/29/2020. They can be brought to the event but this extends the check-in process. Please bring these forms with, there will be a limited supply at the event.**

Teen Lock-In Registration Fee (includes BBQ dinner, snacks, activities, materials, movies, additional craft activity indicated as pick one below, continental breakfast and event patch)

Please circle your preferred meat or indicate vegetarian (this is for estimating amount needed only):  
Please indicate any food allergies or special dietary needs here: \_\_\_\_\_

Beef	Chicken	Shrimp	Vegetarian	Girl Name: _____	
Please choose activities you want to attend, (circle or check all of interest)					
Australian Cooking (limit 20)	Nail Bar	Hair Bar	Game Room		Photo Props
<b>Please pick one:</b>	<i>Boomerang</i>	<i>Aboriginal Flag Painting</i>			<i>Platypus</i>
(Price includes all activities and one of the pick one activities)				\$30.00.00	
Adult attending (price is for dinner and snack)				\$9.00	
			Total Due: \$	_____	
I give my permission for my daughter to watch movies at this event* <input checked="" type="checkbox"/>					

**\*Movies shown at this event will be rated—PG-13, PG or G as required by GSCNC Guidelines**



If this is your daughter's first Lock-In. This is a free flow event where the girls are able to move from room to room and participate in activities that are of interest to them. Some activities will have specific times that they are available and it is the girl's responsibility to show up during the time they are open. If an unscheduled activity is at capacity they will be asked to come back later. **If they want to make a boomerang, Aboriginal flag painting or Platypus they need to sign up for one choice.** These activities and the cooking class have limited space. We only purchase enough supplies for those who sign-up.

Please mail this form and make check payable to GSCNC if paying by check for total amount due to:  
**Teen Lock-In, c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick, MD 21702**  
Payment must be received by February 21, 2020 if event is not full. Online registration suggested.

Those needing financial assistance can request a program grant the form is available at this link or on the sign-up website.  
<http://www.gscnc.org/content/dam/girlscouts-gscnc/documents/All%20Level%20Program%20Grant%20Application.pdf>

Date Received: _____	Amount Received: _____	Check # _____
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This form can be scanned and emailed to arrive by 2/21/2020 or must be brought to the event



# Teen Scout Lock-in Behavior Contract



I understand that MY attitude and MY behavior are critical to the success of this Event. Therefore, for the good of the event, as well as for the good of my fellow group members, girls and adults, I agree to abide by the following:

- I will try to live up to the principles expressed in the Girl Scout Promise and Law. I will respect the places and people with whom I come in contact during the trip and remember that my action must reflect high standards.
- I will follow safety rules and procedures, be alert to keep myself safe, and use the buddy system. Buddies will ask permission before leaving a group, like to go to the restroom. I will include everyone and avoid cliques.
- I will observe "quiet time" from 11:00 p.m. – 7:00 a.m.
- I will try to be cheerful and enthusiastic. I will not pout or whine.
- I will refrain from being rowdy and using profanity. I understand that physical violence will not be tolerated.
- I will be responsible for my personal belongings and I will pack carefully, not bring more than I need, and keep my things in order.
- I will listen carefully to all orientations, observe all safety rules and procedures, and use all safety equipment required for activities during the event.
- I will treat all equipment and/or supplies provided for my use with care. I understand that I will be assessed for damages to any equipment/supplies I the event that my use of such equipment/supplies is negligent and/or abusive.
- I will be respectful of other's property.
- I will be sensitive to the needs of each group member, both girls and adults. I will respect and look out for other group members.
- I understand that the advisors have the ultimate authority regarding trip and safety decisions.
- I understand that I will be sent home immediately, at my parent's/guardian/s expensive if I behave in a manner which is dangerous to me or others. This includes using tobacco, drugs or alcohol or possessing illegal paraphernalia. No refund will be given.

Girl Name:

Girl Participants – I have read, discussed with my parents/guardians, understand and agree to my responsibility for my conduct as described above while participating in the trip.

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**Participant's Signature**

**Date**

Parents/Guardian of Girl Participating – I am the legal parent/guardian. My child and I have carefully read and discussed, in terms she can understand the event guidelines and her responsibility for her conduct as described above.

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**Parent's/Guardian's Signature**

**Date**



**Parental Permission Single Activity Form**

This form is mandatory for any activity outside of the normal meeting site/time. This form is also mandatory whenever an activity involves a sensitive issue, including activities occurring during troop meetings. Parents/guardians are required to complete this form in order for their child to participate in the activity stated on the form. Completed forms are to be returned to the individual stated on the form. This form is to be retained by the troop leader for three years.

**ACTIVITY INFORMATION (To Be Completed By the Troop/Group Leader)**

Activity Type:  Day Trip  Overnight  High Adventure  Sensitive Issue

Description of Activity: \_\_\_\_\_ Activity Cost: \_\_\_\_\_ Transportation: \_\_\_\_\_

Activity Start and End Date(s): \_\_\_\_\_ Activity Location: \_\_\_\_\_

Departure Time and Location: \_\_\_\_\_ Return Time and Location: \_\_\_\_\_

Leader: \_\_\_\_\_ Adult-In-Charge: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Complete the Parent/Guardian Permission Statement below and return to: \_\_\_\_\_ by: \_\_\_\_\_  
(Name) (Due Date)

Note: All activities must be conducted in accordance with the Girl Scouts of the USA and the Girl Scouts Nation's Capital's policies, standards, and guidelines regarding safety and adult supervision.

**PARENT/GUARDIAN PERMISSION STATEMENT (To Be Completed By the Parent/Guardian)**

Name of Child: \_\_\_\_\_ Description of Activity: \_\_\_\_\_

**CONTACT INFORMATION DURING THE ACTIVITY**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

I understand that I am responsible for ensuring that my child is prepared to participate in this activity as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during this activity. I further understand that, if in the opinion of the leader or adult-in-charge, my child is not behaving appropriately, I may be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for this activity:  Yes  No

I understand that my child may not participate in this activity if she appears to be ill. I further understand that if my child appears to be ill when she arrives at the activity or become ill during the activity, I will be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for this activity:  Yes  No

I understand that I must provide written permission for the first-aider to witness any medication that my child may need. I understand that this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the first-aider, along with the medication which must be in the original container:  Yes  No

When participating in Girl Scout activities, my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA:  Yes  No

For High Adventure Activities Only: I understand that during this activity, my child will be exposed to an above normal risk of injury. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in this activity:  Yes  No

For Sensitive Issue Activities Only: I understand that during this activity, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I am confident of her maturity and ability to participate:  Yes  No

My child is a registered Girl Scout, and I give her permission to participate in the activity described above:  Yes  No

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Girl Health History and Emergency Medical Authorization Form

This form must be completed annually and as changes occur by the child's parent or guardian and returned to the troop leader and/or troop first-aider prior to attending the first troop meeting. Use additional paper if needed.

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Troop Number: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Child is in the custodial care of:  Both Parents  Mother Only  Father Only  Other: \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_ Address (if different than child's): \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ Address (if different than child's): \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_ E-mail: \_\_\_\_\_

### EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

### HEALTH INFORMATION (Check all that apply and provide requested information)

Allergies	Yes	No	Explain "yes" answers. Include the type of allergy (e.g.- "nut allergy" in the food category)
Animals	<input type="checkbox"/>	<input type="checkbox"/>	
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	
Plants/Trees	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

	Condition	Dates		Condition	Dates		Condition	Dates
<input type="checkbox"/>	ADD/ADHD		<input type="checkbox"/>	Epilepsy		<input type="checkbox"/>	Muscle Disease/Disorder	
<input type="checkbox"/>	Arthritis		<input type="checkbox"/>	Fainting		<input type="checkbox"/>	Nervous System Disorder	
<input type="checkbox"/>	Asthma		<input type="checkbox"/>	German Measles		<input type="checkbox"/>	Sickle Cell Anemia	
<input type="checkbox"/>	Athletes Foot		<input type="checkbox"/>	Hay Fever		<input type="checkbox"/>	Sinusitis	
<input type="checkbox"/>	Bed Wetting		<input type="checkbox"/>	Headaches/Migraines		<input type="checkbox"/>	Skeletal Disease/Disorder	
<input type="checkbox"/>	Bleeding/Clotting Disorder		<input type="checkbox"/>	Hearing		<input type="checkbox"/>	Skin Conditions	
<input type="checkbox"/>	Bronchitis		<input type="checkbox"/>	Heart Defect/Disease		<input type="checkbox"/>	Sleep Disturbance/Walking	
<input type="checkbox"/>	Chicken Pox		<input type="checkbox"/>	Hypertension		<input type="checkbox"/>	Stomach Upsets	
<input type="checkbox"/>	Colds/Sore Throats		<input type="checkbox"/>	Kidney Disease		<input type="checkbox"/>	Urinary Tract Infections	
<input type="checkbox"/>	Constipation		<input type="checkbox"/>	Measles		<input type="checkbox"/>	Wear: <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses	
<input type="checkbox"/>	Convulsions		<input type="checkbox"/>	Mononucleosis		<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	Diabetes		<input type="checkbox"/>	Motion Sickness		<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	Ear Infections		<input type="checkbox"/>	Mumps		<input type="checkbox"/>	Other: _____	

Explain any specific needs or accommodations required: \_\_\_\_\_

Explain any known behavioral and/or emotional problems: \_\_\_\_\_

Explain any psychiatric counseling or hospitalization: \_\_\_\_\_

Explain any operations or serious injuries: \_\_\_\_\_

Explain any disabilities or chronic or recurring illnesses: \_\_\_\_\_

Explain any activities that are discouraged or limited by your child's physician: \_\_\_\_\_

Explain any dietary modifications: \_\_\_\_\_

Has menstruation begun?  Yes  No If not, does she know what it is?  Yes  No If yes, is her menstrual history normal?  Yes  No

Since her last health exam, has your child had:	Yes	No	Explain "yes" answers. Provide details and dates.
A serious injury requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	
An illness lasting longer than one week?	<input type="checkbox"/>	<input type="checkbox"/>	
An in-patient hospital or emergency room treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
Restrictions from participating in any activities?	<input type="checkbox"/>	<input type="checkbox"/>	

Date of Last Health Exam: \_\_\_\_\_ Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

### IMMUNIZATION HISTORY

Are all immunizations current?  Yes  No If not, state reason(s): \_\_\_\_\_ DTP or DT (Tetanus) Date: \_\_\_\_\_

### MEDICATION INFORMATION

Are any prescription medications being taken?  Yes  No Are any of the following used?  Inhaler  EpiPen

Name of Medication	Reason for Medication	Dosage	Frequency

My child may be given:  Aspirin  Benadryl  Ibuprofen  Neosporin  Tylenol  None

### MEDICAL CARE AND INSURANCE INFORMATION

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL CARE

This health history is correct so far as I know. The person herein described has permission to engage in all activities except as noted. I hereby give permission to the First-Aider or Adult-In-Charge to provide routine health care and witness prescribed medications. I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Girl Scouts of the USA, Girl Scouts Nation's Capital, or individual units. Should a medical emergency arise during my child's participation in a Girl Scout-sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers I have given. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life-sustaining measures deemed necessary under the circumstances. This completed form may be photocopied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* If for any reason you cannot sign this form, attach a written statement to this form. The statement must be signed for attendance/participation.