

MAD SCIENCE BROWNIE BASH

Hosted By The Leesburg Girl Scout Office

****So much fun your hair will stand on end****

Send secret messages
using invisible ink!



Make your own
balloon rocket!

Create some gooey glop!

**And so
much MORE!**

When: March 25th
6:30pm-8:00pm
Where: Stuart Weller Elementary
Fee: Only \$8 per girl
Try-Its Included!!!

Registration Deadline:
March 21, 2011

Bring all your
friends and show
them how
AWESOME
it is to be a
Girl Scout!



Please send completed
Mad Science Registration Form
and \$8.00 participation fee to:

Emily the Scientist, GSCNC
801 Sycolin Road, Suite 202
Leesburg, VA 20175

Questions? Please contact Emily McCoy at
emccoy@gscnc.org or 703-777-5644



Mad Science Event—For Girls in 2nd and 3rd Grade

Please only 1 girl per form, form may be duplicated

Child's Name: _____ Age: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Mother/Guardian: _____ E-mail: _____
Phone: Day (____) _____ Evening: (____) _____ Cell: (____) _____
Father/Guardian: _____ E-mail: _____
Phone: Day (____) _____ Evening: (____) _____ Cell: (____) _____
If divorced or legally separated, please indicate the custodial parent(s): _____

Must have information for emergency contact if parent(s) cannot be reached (please print clearly):

Name/ Relationship: _____ Phone: _____
Name/ Relationship: _____ Phone: _____

Current school attending: _____ State: _____ Grade: _____

Are you Currently registered as Girl Scout? Yes No Troop # _____

We encourage you voluntarily to provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout movement.

The registrant's racial background is: (Please check as many as apply) American Indian or Alaskan Native Asian
 Black or African American Hawaiian Pacific Islander White Other _____
The registrant's ethnic background is: (please check one) Hispanic or Latina Not Hispanic or Latina

HEALTH HISTORY

To be completed for ALL participants. Please use additional sheet to describe symptoms of allergies and details of illnesses or health restrictions.

Allergies: Insect Bites/Stings Hay Fever Poison Ivy/Oak Other _____

Please specify any accommodations that are needed: _____

Health Concerns: Ear Infections Asthma Diabetes Convulsions Skin Conditions Other _____

Please specify any accommodations needed: _____

Disabilities: ADD/ADHD Emotional Disability Learning Disability Physical Disability Visual Disability

Hearing Disability Behavioral Problems Other _____

Please specify any accommodations needed: _____

Operations or serious injuries: _____ Dates: _____

Immunization History: Are all immunizations up-to-date? Yes No DTP or DT (Tetanus) Date: _____

If immunizations are not up to date, including the DTP, please submit a state certificate from physician or parent stating medical or religious reason.

Medication Information: Any prescribed medication being taken? Yes Inhaler Epipen No

If yes, please list medication and dosage: _____

General Information – Please fill out all information

Family Physician: _____ Phone: _____

Health Insurance Company: _____ Policy #: _____

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

Parent/Guardian Permission Statements

The health history on the reverse side is correct so far as I know, and the person herein described has my permission to participate in all prescribed camp activities as noted. If she/he appears to be ill, I will not send her/him to the program.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director or her/his designee to order x-rays, routine tests and treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or her/his designee to hospitalize, secure proper treatment for, and/or order injection and/or anesthesia and/or surgery for my child as named above.

The council may use photographs in which my child appears to promote Girl Scouting: Yes No

I understand my daughter will become a registered member of Girl Scouts of the USA through participation in this program.

Signature: _____ Date: _____

***Registration is invalid without a parent/guardian signature**

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801 Sycolin Road, Suite 202

Leesburg, VA 20175

*****Registrations for this event must be postmarked NO later than March 21, 2011*****

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