

Archaeology Workshop

Join Dr. David Clark and the Girl Scouts Council of the Nation's Capital for an exciting hands-on evening learning more about the discoveries in your own backyard!

Bring a friend and introduce her to the great opportunities in Scouting!

Date: Friday, May 29th, 2009

Time: 6:30-8p

Place: Loudoun Valley Community Center:
320 W. School St, Purcellville, Virginia

Cost: \$5 (financial aid available)

Ages: Brownies-Teen Scouts

This workshop will help work toward:

Brownie

Listening to the Past Try-It

Junior

Local Lore Badge

Teens

Archaeology IP

(contact our office for more on this IP from
the Black Hawk Council)



To register:

Please complete and return registration with check (made out to GSCNC) to:

Leesburg Girl Scout Office— Attn: Stacey Graham

801 Sycolin Rd, Ste 202, Leesburg, Virginia 20175

For more information, please call 703.777.5644 or contact sgraham@gscnc.org

Archaeology Workshop
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: _____ School Code: _____

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 Deaf/Hard of Hearing 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: If your child requires medication at camp (prescription, over-the-counter medication, Epi-Pen or inhaler) please complete the Medication Permission Form located on our website. **Note:** Medication CANNOT be administered at camp without the submission of this form or an appropriate substitute. See website for details. <http://www.gscnc.org/camping/summerdayandevening/>

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**

For Financial Assistance, complete this section

The program fee is \$5 our family can pay \$ _____ therefore we are requesting \$ _____ in assistance

**Please submit registration with check made out to GSCNC to:
Leesburg Girl Scout Office—801 Sycolin Rd, Ste 202, Leesburg, VA 20175**