



American Girl

## Girls Just Like Us Event

Come Join the **Girl Scouts** as we take you on a journey of discovery through the lives of three American Girl Characters. Learn about Felicity, Kristen, and Josefina through games and crafts that take you back to the days of these historic girls.

**Who:** All Girls in grades k-5  
(If you are already a registered Girl Scout,  
you **must** bring a non-Girl Scout friend)  
Teen girls can come as helpers for service hours

**Where:** Cascades Library  
21030 Whitfield Pl  
Potomac Falls VA 20165

**Date:** Saturday April 18th 2009  
Registration deadline is Wednesday April 15th

**Time:** 3:00pm– 4:30 pm

**Cost:** \$10 per girl  
(financial assistant is available)

Please submit your completed registration & payment to:  
GSCNC Attention: Patricia Spetz/AG Event  
801 Sycolin Rd Suite 202  
For More information contact Patricia Spetz  
703-777-5644 or [pspetz@gscnc.org](mailto:pspetz@gscnc.org)

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**This form may be duplicated – Please PRINT All Info except signatures & Use Black Ink**

Girl's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Day phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Evening phone \_\_\_\_\_ Cell or pager \_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Day phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Evening phone \_\_\_\_\_ Cell or pager \_\_\_\_\_  
School Attending \_\_\_\_\_ State \_\_\_\_\_ Grade \_\_\_\_\_  
Is your daughter currently registered in Girl Scouts? \_\_\_\_ Yes \_\_\_\_ No If yes, Troop # \_\_\_\_\_ Level \_\_\_\_\_

**The registrant's racial background is:** *(please check as many as apply)*

- 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: \_\_\_\_\_  
My daughter is in the custodial care of: \_\_\_\_ both parents \_\_\_\_ mother only \_\_\_\_ father only \_\_\_\_ other \_\_\_\_\_

**HEALTH HISTORY – All Information provided will be kept confidential**

**Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed**

**Please include details of health restrictions on a separate sheet and attach it.**

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 participant 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.

For Liability purpose, I understand my daughter will become a registered member of Girl Scouts of the USA through Participation in this Program

**Parent/Guardian Signature required:**

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

**For Financial Assistance, complete this section:**

The program fee is \$10.00, our family can pay \$ \_\_\_\_\_ therefore we are requesting \$ \_\_\_\_\_ in assistance.

Please state reasons or circumstances which make this request necessary \_\_\_\_\_