

# LEADERS OF TODAY, TOMORROW, & BEYOND

**WHEN:** Saturday, March 30, 2019

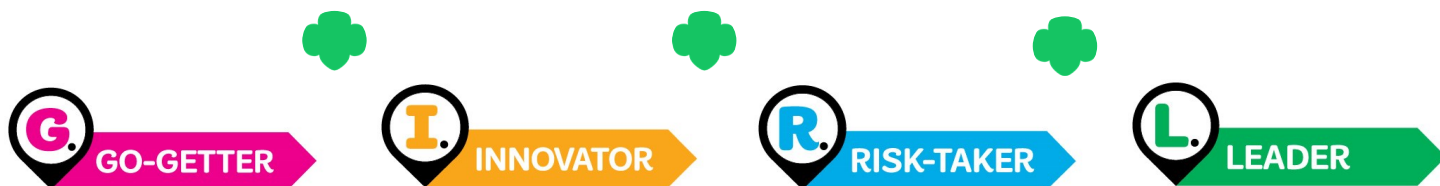
**TIME:** 10:00AM –3:00 PM

**WHERE:** Hagerstown Community College, ARCC Building  
(11400 Robinwood Dr., Hagerstown, MD 21742)

**COST:** Register free by March 18th.

After March 18th, registration is \$25. Full Financial Assistance is available.

**Free Transportation from: Millbrook High, Musselman High, Governor Thomas Johnson High, Frederick High School**



## LEADERSHIP CONFERENCE FOR 6th-12th GRADE GIRLS

Girls will...

- Learn to plan, track, and save money
- Practice “Mock” Interviews for future job/college prep
  - Practice social media safety
- Learn how to budget, good financial habits, and how to establish good credit.



**PLEASE REGISTER AT:**

**<https://www.surveymonkey.com/r/gsconference>**

**OR CALL**

**Laura Harlow at 304-596-9941, [lharlow@gscnc.org](mailto:lharlow@gscnc.org)**

# Young Leaders 2019 Registration

Girl Info	First Name		Last Name		Date of Birth (mm/dd/yyyy) / /		Age
	Street			City		State	Zip Code
	School Name		School City		School State	Current Grade (2018-19)	
	Girl Scouts respects and welcomes people from all backgrounds and with all abilities. By completing the following information (as defined by the US census) you ensure support and funding for girls in your community. Hispanic/Latina is defined as an ethnicity by the US census, not a race, therefore it's reported separately. My child is: (check all that apply)						
	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> I choose not to share <input type="checkbox"/> Hispanic/Latina <input type="checkbox"/> I choose not to share						
Parents and Adults	Custodial Care <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother/Guardian Only <input type="checkbox"/> Father/Guardian Only <input type="checkbox"/> Other: _____						
	Parent/Guardian 1 Name		Parent/Guardian 2 Name		Emergency Point of Contact Name		
	Cell Phone		Cell Phone		Phone		
	Day Phone		Day Phone		The emergency point of contact will be called only if the parents can not be reached. The child can be released to the emergency point of contact.		
	Email		Email				
	In addition to the parents and emergency POC above, the Event Coordinator can release my child to these adults: 1. _____ 2. _____ 3. _____						
Bus	Bus transportation is included at no cost. Please select a bus stop: <input type="checkbox"/> I will drop off and pick up my child at camp every day <input type="checkbox"/> Millbrook High School <input type="checkbox"/> Musselman High School <input type="checkbox"/> Governor TJ High School <input type="checkbox"/> Frederick High School						
Health	Is the camper under the care of a physician for anything other than routine care? <input type="checkbox"/> No <input type="checkbox"/> Yes-Describe condition and treatment: _____					Immunization History <input type="checkbox"/> Girl is fully immunized <input type="checkbox"/> Girl is partially immunized <input type="checkbox"/> Girl is vaccination exempt	
	Will the camper bring medication to camp? <input type="checkbox"/> No Medication <input type="checkbox"/> Inhaler <input type="checkbox"/> Prescription-Specify: _____ <input type="checkbox"/> EpiPen <input type="checkbox"/> Over the Counter-Specify: _____					<b>A medication form is required for all medication at camp!</b>	
	Does the camper have non-food allergies? (Allergies to drugs, animals, plants, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes-Describe the allergy and symptoms: _____						
	Does the camper have food allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes-Describe the allergy and symptoms: _____					Has an EpiPen been prescribed?	
	Does the camper have any dietary restrictions for religious, cultural or lifestyle? (Vegetarian, Vegan, Kosher, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes-Describe the dietary restrictions: _____						
	Authorization	<input type="checkbox"/> Yes, Girl Scouts Nation's Capital and the Girl Scouts of the USA may use photographs in which my child appears to promote Girl Scouting.					
<input type="checkbox"/> Yes, I'd like to volunteer.							
<input type="checkbox"/> Yes, I registered before March 18, 2019.							
<input type="checkbox"/> I registered after March 18 <sup>th</sup> but I'd like to apply for financial assistance. The fee for the event is \$25.00. Girl Scouts Nation's Capital would like to offer assistance to as many girls as possible, so only request what your family truly needs. I'd like to request a discount of \$ _____.							
Authorization Statement The information and health history is correct so far as I know, and the person herein described has my permission to participate in all prescribed activities as noted. If she/he appears to be ill, I will not send her/him to the program. I understand my daughter will become a registered member of the Girl Scouts of the USA through participation in this program. 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 injection, and/or anesthesia, and/or surgery for my child as named above.							
Parent/Guardian's Signature		Print Parent/Guardian's Name			Date		