



Your Turn To Lead

Girl Scout Council of the Nation's Capital

Girl Scout Overnight at Howard University

www.gscnc.org/Your_Turn_to_Lead.html

Who:

200 girls who are not currently registered Girl Scouts, ages 11-17, who demonstrate leadership skills inside and outside of the classroom. The program is open to all middle and high school-aged girls in the District of Columbia, Maryland, Virginia and West Virginia.

What:

A convening of youth leaders designed to inspire teen girls to recognize their own abilities and become active in their schools and in their communities. The overnight program is being provided **FREE** to the participants and will include interesting activities, exciting workshops, college preparation activities, and influential guest speakers from the community.

Objectives for Participants:

- *Discover* their own potential
- *Connect* with successful women role models
- *Take Action* with renewed self-esteem and skills to become leaders in the world.



When:

May 15, 2010

10:00 a.m.-9:00 p.m.

Where:

The Blackburn Center at Howard University, 2397 Sixth Street, NW, Washington, D.C. 20059

Cost:

Free! The Girl Scout Council of the Nation's Capital is providing this program at no cost to these leaders. Transportation and food will be provided.

For More Information Contact:

Shannon Babe-Thomas
Membership Initiatives Manager
Girl Scout Council
of the Nation's Capital
202-237-1670, ext. 218
sbabe-thomas@gscnc.org

Sarah Ruth Goldman
Administrative Assistant
Girl Scout Council
of the Nation's Capital
202-237-1670, ext. 221
sgoldman@gscnc.org





Your Turn To Lead

Girl Scout Council of the Nation's Capital

January 15, 2010

Dear Parent,

We are pleased to inform you that your daughter has been invited to attend the **“Your Turn to Lead” leadership conference for teen girls**. The event will be held at **Howard University on Saturday, May 15, 2010**. The theme of this year’s conference is **“Discover, Connect and Take Action.”** The attendees will have the opportunity to *discover* their own potential, *connect* with successful women role models, and *take action* with renewed self-esteem and skills to become leaders in the world. The attendees will have an amazing opportunity to explore educational and career choices. Moreover, your daughter will get to know other young leaders who have similar motivations and goals.

The conference is being provided free to the participants and will include interesting activities, exciting workshops, college preparation activities, and influential guest speakers from our community. We are seeking female students, ages 11-17, who demonstrate leadership skills inside and outside of the classroom.

Attached to this letter, you will find the registration packet. Register your daughter today so that she can participate in this free event. Completed registrations and health history forms should be sent to:

Girl Scout Council of the Nation's Capital
Attn: Sarah Ruth Goldman
4301 Connecticut Avenue, NW Suite M-2
Washington, DC 20008
or completed online at
www.gscnc.org/Your_Turn_to_Lead.html

The deadline for registration is May 5, 2010. There is a limited amount of space for this conference, so please complete the registration and return it to us as soon as possible. Registrations received after May 5th will be accepted as space permits.

We look forward to welcoming your daughter to the **“Your Turn to Lead” Girl Scout Leadership Conference at Howard University!** Should you have any questions, don't hesitate to contact us at the numbers listed below.

Sincerely,

Shannon Babe-Thomas
Membership Initiatives Manager
Girl Scout Council
of the Nation's Capital
202-237-1670, ext. 218
sbabe-thomas@gscnc.org

Sarah Ruth Goldman
Administrative Assistant
Girl Scout Council
of the Nation's Capital
202-237-1670, ext. 221
sgoldman@gscnc.org



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 # _____

Do you need bus transportation to Howard University? Yes No (If yes, it is \$10 per person to ride the bus)

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 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**