

# Are you **READY** for



Get **behind the wheel** and **under the hood** at  
our **Road Safety Extravaganza!!**



*Activities are set to include:*

**Fatal Vision Obstacle Course** – find out just how hard and dangerous it is to function while under the influence

**Distracted Driving Simulation**—test how well you can handle distractions behind the wheel

**Car Care** - girls do hands-on car care maintenance with actual cars

**Road Safety Game Show**—how road safety savvy are you?

**+ MUCH  
MORE!**

**When:**

**Where:**

**For Who:** ALL teens girls (grades 6-12)! No license required!

**Fee:**

Financial assistance is available.

## **TO REGISTER:**

Send registration and payment

To \_\_\_\_\_

by \_\_\_\_\_



## **QUESTIONS**

Email:

Phone:

*Girl Scout Council of the Nation's Capital*

## Girl Scout Council of the Nation's Capital

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 \_\_\_\_\_  
Troop # \_\_\_\_\_ Level \_\_\_\_\_

**The registrant's racial background is:** *(optional)*

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: \_\_\_\_\_

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

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

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 camper 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 the purpose of liability insurance, my daughter has my consent to become a member of the Girl Scouts.

**Parent/Guardian Signature required:**

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