

# Cadette Finding Common Ground



## Badge Workshop

April 3, 2020—7:00-9:00 PM Trinty UMC, Frederick, MD

Democratic governments exist to help citizens with differing opinions find common ground – the place where people's thoughts, opinions, and beliefs intersect. Whether it's Congress, your state, or the local town council, elected leaders often have to make trade-offs - giving up some things they favor to gain support for others. In this badge, investigate how our government does it – and how you can, too.

#### Steps

Get to know someone different from you Make decisions in a group Explore civil debate Understand a compromise Find common ground through mediation

#### Purpose

When I've earned this badge, I'll know strategies for bringing people together to find common ground.

Workshop minimum is 12. Cost for the workshop is \$23.00 and includes badge, snack and materials for workshop. Please plan to arrive 15 minutes before start time for check-in. We will start promptly. Girls should bring their own refillable water bottles. Girl Scouts in 6th-12th grades are welcome to attend. Please no siblings or others unless registered.

Registration closes on March 20, 2019, no refunds after this date. You can sign-up here and pay online, sign-up on waitlist and pay via PayPal Invoice online with debit/credit card, or send a check payable to GSCNC for total due with this form along with check to Badge Name, c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick, MD 21702. Girls are welcome to attend without their troop but must have a permission/health history form. If you have any questions please email troop81378@gmail.com ore kskingsford@gmail.com.

Girl Scouts not present or participating will not receive Badge, Patch or Award

Leader/Parent Name: Troop Number:					E-mail:		
					School:		
If no troop <sup>⊏</sup>	⇒ Girl N	ame				Mobile #:	
Address:				City:		State:	Zip:
#	Girls	X	\$23.00 =		# Chaperon	0	Check if signed up online
Date Received:		A	Amount Received:		Check #	Acct:	



### **Permission Slip with Health History**

	Common Ground Badge	e Workshop	Dat	e: <u>April 3, 2020</u>			
Girl's Name		Age	Grade	Birth date//			
Address			Phone_				
City	State	Zip	Email				
Mother/Guardian			Day pho	one			
E-mail	Evening phone		Cell				
Father/Guardian			Day ph	one			
E-mail	Evening phone		Cell				
School Attending	State_	Grade	Troop #	Level			
The registrant's racial background  American Indian or Alaskan Nation  Hawaiian or Pacific Islander	ve Asian Bla		_				
Must have information for emerge Name/ Relationship:							
Name/ Relationship:			Phone:				
Describe allergies, details of chi Are all immunizations up to date? Please provide comments where a	YesNo	If no, please s	state reason:				
		Weight of camper for dosage purposes:					
Special dietary needs/restrictions:				sage purposes:			
Special dietary needs/restrictions: Specific information including phys		Weight of	camper for do				
-	sical, psychiatric or beha	Weight of wioral problen	camper for do				
Specific information including phys	sical, psychiatric or beha	Weight of avioral problen F	camper for do	Group #			
Specific information including phys  Insurance company:	sical, psychiatric or beha	Weight of avioral problen F	camper for do	Group #			
Specific information including physical Insurance company:	Phores far as I know, and the she appears ill, I will not in the event I cannoper treatment for my child appears in which my child a	weight of avioral problem  Fine: Day  person herein send her. ot be reached illd. appears to pro	camper for doorns:  Policy Number:  described has I in an emerger  comote Girl Score	Group # Eve my permission to engage in all event acy, I hereby grant permission to the uting.			
Specific information including physe  Insurance company:  Family physician:  Parent Permission Statement  The health history is correct as activities except as noted. If see the second of the second	Phores far as I know, and the she appears ill, I will not ill poper treatment for my chiphoto in which my child in the Benadryl I lbuproferin Benadryl I lbuproferin Benadryl I lbuproferical.	weight of avioral problem  Fine: Day  person herein send her. ot be reached illd. appears to pro	camper for doorns:  Policy Number:  described has I in an emerger  comote Girl Score	Group # Eve my permission to engage in all event acy, I hereby grant permission to the uting.			
Specific information including physical Insurance company:	Phores far as I know, and the she appears ill, I will not ill poper treatment for my chiphoto in which my child in the Benadryl I lbuproferin Benadryl I lbuproferin Benadryl I lbuproferical.	weight of avioral problem  Fine: Day  person herein send her. ot be reached illd. appears to pro	camper for doorns:  Policy Number:  described has I in an emerger  comote Girl Score	Group # Eve my permission to engage in all event acy, I hereby grant permission to the uting.			

**To Register:** Send Registration form along with this Permission/Health History form to "Event Name", c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick MD 21702 Registration fee should be paid online or via check and sent with Registration. Online sign- ups are not considered "registered" until payment is received. For questions please contact: troop81378@gmail.com or kskingsford@gmail.com.