PARENT/GUARDIAN PERMISSION FORM



NAME OF EVENT				
PURPOSEPrepare for spring performances				
WHO WILL BE ATTENDINGGirl Scouts of Central Maryland Chorus				
	Sundays, January 12, February 9, March 2, and April 6, 2014			
LOCATION	Peterson Center	Peterson Center	Belair	
	Camp Ilchester	Camp Ilchester	Church of Nazarene	
	1^{st} and 2^{nd} year	3 rd year and Trefoil		
ARRIVE.	2 PM	3:00 PM	6:30 PM	
STOP TIN	IE 3:30 PM	4:30 PM	7:30 PM	
METHOD OF TRAVEL	Parents' cars			
COST	OSTAnnual registration fee of \$10; no ongoing charges			
WHAT TO BRING	Chorus folders			
ADULT IN CHARGEPat Disharoon				
FIRST AIDERKelly Smith				
ADULT CERTIFIED FOR TROOP CAMPING (if required): Pat Disharoon				
EMERGENCY CONTACT: Russ Disharoon PHONE: 410-233-5337				
**Troops/groups traveling to and from Girl Scout events must adhere to the driving/seatbelt/First Aid standards and checklists in				
SAFETY-WISE.				

PLEASE KEEP TOP HALF FOR YOUR RECORDS

RETURN BOTTOM HALF OF FORM TO LEADER

My daughter	has my permission to participate in the Chorus rehearsals.
	h and may participate in this activity. I give my permission for medical
treatment if necessary. I understand that	Girl Scout activity insurance is secondary to any personal insurance I may have.
I agree that she will not attend this event	if she should become ill or exposed to a contagious disease. I also give my
permission for her to be photographed fo	or publicity purposes.
permission for her to be photographed fo	or publicity purposes.

_____I, _____, will be rehearsing with my daughter.

During the event I can be reached at:	
Location	
Phone Number	_DE
Cellular Phone	Pager number
If I cannot be reached in an emergency, pleas Name Phone Number	_ Relationship to child
Cellular Phone	_ Pager number
Parent Parent	