

# Talent Show



## Parent/Guardian Permission Form

NAME OF THE EVENT Talent Show DATE March 28<sup>th</sup>, 2014  
 LOCATION Peterson Center, Camp Ilchester  
 IS THIS A GIRL SCOUT SPONSORED EVENT \_\_\_\_\_ x \_\_\_\_\_ YES  
 ARRIVAL TIME 6 PM FINISH TIME approximately 9 PM  
 NAME OF ADULT IN CHARGE: Katina Denikos PHONE NUMBER 410-796-3933/202.413.2283  
 COST: CHORUS will purchase tickets for performers but MUST have COUNT!  
 METHOD OF TRAVEL x Car  
 DRESS: Chorus uniform – black slacks or skirt, white Chorus polo shirt, nice shoes  
 NEAREST MEDICAL FACILITY: Howard County General Hospital  
 EMERGENCY CONTACT DURING THE EVENT: Russ Disharoon PHONE NUMBER: 410-935-7075  
 FIRST AID/CRR: Patricia Disharoon, MD DATE OF CERTIFICATION 1981

**Troops or groups traveling to and from Girl Scout events must adhere to the driving/seatbelt/First Aid standards and checklists as outlined by GSUSA. Safety information can be referenced in *Volunteer Essentials and the Safety Activity Checkpoint.***

RETURN THIS HALF OF FORM TO LEADER OR EVENT COORDINATOR BY March 15 (ideally March rehearsal)

My daughter \_\_\_\_\_, has my permission to participate in the field trip to Talent Show on March 28th, 2014. I agree that my daughter is in good health and may participate in this activity. I give my permission for medical treatment if necessary. I agree that she will not attend this event if she should become ill or exposed to a contagious disease.

\_\_\_\_\_, I, \_\_\_\_\_, will be performing with my daughter.

\_\_\_\_\_ # of family and friends would like to attend the event. Extra \$8 per adult ticket and \$5 for child ticket enclosed.  
 \_\_\_\_\_ of these are adults  
 \_\_\_\_\_ of these are registered Girl Scouts  
 \_\_\_\_\_ of these are under 18 and NOT registered Girl Scouts

### During the event I can be reached at:

Location \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ DAY \_\_\_\_\_ EVE \_\_\_\_\_ Cellular Phone \_\_\_\_\_

If I cannot be reached in an emergency, please contact (print information):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ DAY \_\_\_\_\_ EVE \_\_\_\_\_ Cellular Phone \_\_\_\_\_

I understand that Girl Scout activity insurance is secondary to any personal insurance I may have.

Should I give permission for another adult/leader to accompany my daughter/troop to this activity, she/he will have my permission to act on my behalf in an emergency. Additionally, she/he will have contact information for my daughter's physician and dentist with them for the duration of the activity.

Photographs of your daughter may be used by Girl Scouts of Central Maryland for the purpose of telling a story or to promote the interest of Girl Scouting. Please indicate your consent below:

\_\_\_\_\_ Yes, you may use photographs of my daughter(s).  
 \_\_\_\_\_ No, you may not use photographs of my daughter(s).

I have read, understand and agree to the above statement and agree to my daughter's participation in this activity.

Parent/Guardian Name (print) \_\_\_\_\_

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