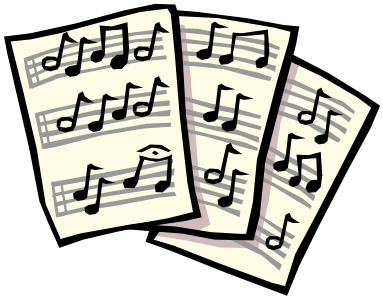

PARENT/GUARDIAN PERMISSION FORM

NAME OF EVENT……...Spring rehearsals
PURPOSE……..Prepare for spring performances
WHO WILL BE ATTENDING……Girl Scouts of Central Maryland Chorus
DATES…… Sundays, January 10, February 7, March 6, and April 10, 2016

LOCATION……..	Peterson Center Camp Ilchester 1st and 2nd year	Peterson Center Camp Ilchester 3rd year and Trefoil	Timonium Drool of the Rock
ARRIVE……	2 PM	3:00 PM	6:00 PM
STOP TIME..	3:30 PM	4:30 PM	7:00 PM

METHOD OF TRAVEL…….Parents' cars
COST……..Annual registration fee of $10; no ongoing charges
WHAT TO BRING…….Chorus folders
ADULT IN CHARGE…….Pat Disharoon
FIRST AIDER…….Kelly 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.
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 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 for publicity purposes.

_____I, _____, will be rehearsing with my daughter.

During the event I can be reached at:
Location_____
Phone Number _____D _____E
Cellular Phone _____ Pager number _____

If I cannot be reached in an emergency, please contact (print information):
Name_____ Relationship to child _____
Phone Number _____D _____E
Cellular Phone _____ Pager number _____

Parent _____ (print name)
Parent _____(signature) Date _____