

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 6, February 3, March 3, and April 7, 2019
LOCATION.....Peterson Center Peterson Center
 Camp Ilchester Camp Ilchester
 1st and 2nd year 3rd year and Trefoil
ARRIVE..... 2 PM 3:00 PM
STOP TIME.. 3:30 PM 4:30 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 _____