

PARENT/GUARDIAN PERMISSION FORM



NAME OF EVENT.....Songfest Sing-along Workshop
WHO WILL BE ATTENDING.....Girl Scouts of Central Maryland Chorus
DATE.....Sunday, January 13, 2019
LOCATION.....Clementine Peterson Activity Center
ARRIVE.....1:45 PM Songfest is 2-4 PM; we arrive early and
STOP TIME..4:30 PM stay to clean up since we're the STAFF
MEETING PLACE.....Peterson Center
COST.....None – Chorus members are WORKING the event
METHOD OF TRAVEL.....Parents' cars
WHAT TO WEAR..... Chorus shirts, black skirt or slacks
BRING.....Water bottle – we get thirsty singing
Small Songfest songbooks – we'll have these at January rehearsal
ADULT IN CHARGE.....Pat Disharoon FIRST AIDER.....Kelly Smith
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 DIRECTOR

My daughter _____ has my permission to participate in the field trip to the Clementine Peterson Activity Center.

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 also be performing 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 _____