[](https://www.marylandblackbears.com/)****

**Parent/Guardian Permission for Girl Scout Activities, Events, and Trips**

*This section to be completed by the Troop Leadership for any activity outside the troop meeting location.*

*A copy is to be shared with each parent/guardian and permission obtained for each girl’s participation.*

*Also, the troop leader must provide a copy of this activity form to the Service Unit Manager in advance of the activity, event or trip.*

Girl Scout Chorus Event; all levels, council-wide

Name of Activity: Hockey Game Maryland Black Bears, Girl Scout Day Date of Activity: Friday, November 1, 2019

Location: Piney Orchard Ice Rink Address: 8781 Piney Orchard Parkway, Odenton, MD 21113

Time Start: 7:10 PM Time Finish: 7:45 PM finish singing but can stay for game if desired

Mode of Transportation: x Private Car(s)

Name of Adult in Charge: Katie Gleaves

Name of First-aider: Linda Olding, MD

Closest Medical Facility: Baltimore Washington Medical Center Address: 200 Hospital Drive, Glen Burnie

Cost per Chorus member: FREE Family members will need to purchase tickets to stay for the game at the website of the

Maryland Black Bears, [www.marylandblackbears.com](http://www.marylandblackbears.com) with promo code GSMD

What to wear: Chorus uniform = white Chorus polo shirt, black slacks or skirt, Chorus jacket and scarf if desired

Items your daughter will need for the trip: If no Chorus jacket, please wear coat UNDER Chorus shirt

Food being served on the trip: Concessions will be available for sale during the game after we sing

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*This section to be completed and signed by parent/guardian; retain the top half of this slip for reference.*

Name of Chorus Activity: Maryland Black Bears Girl Scout Hockey Game Date(s): November 1, 2019

Parent/Guardian to return this permission to troop leadership by October 13 rehearsal.

 *My daughter is unable to attend.*

* My daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to participate in said activity.*

* To the best of my knowledge, my daughter is in good health at this time and I agree that if my daughter should*

*become ill or exposed to a contagious disease prior to the trip, she will not attend. \*

 *I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, would like to sing with my daughter. I am registered with Girl Scouts of Central*

*Maryland and have completed my background check.*

* I give  I do not give my permission for my daughter to be photographed for publicity purposes.*

* I understand that Girl Scout activity insurance is secondary to any personal insurance I may hold.*

*During the time of this event, I may be reached at the following phone numbers:*

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:*

*(NOTE: Parent/Guardian please be sure this person has all activity details)*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Girl Scout: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of the person who will pick-up my daughter at the end of the activity:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date

GSCM 02-002 8/2018