

## Parent Permission Form

Roselle Community Girl Scouts is planning a swim night on January 23, 2010 from 6:00pm – 8:00 pm located at Cranford Community Pool, 401 Centennial Ave, Cranford, New Jersey.

Troops/Girls are responsible for their own transportation.

The leaders and/or adults accompanying the girls will be: \_\_\_\_\_

The cost for each girl/adult will be \$6.00 before December 12th and \$7.00 after December 23rd.

Each girl/adult will need swimsuit and towel for which she is responsible.

In case of emergency, the leader will contact \_\_\_\_\_ at \_\_\_\_\_ who will notify parents.

If this box is checked, the event will or may involve unusual risk.

\_\_\_\_\_  
Leader's Signature

\_\_\_\_\_  
Date

RETURN THIS PORTION TO THE TROOP/GROUP LEADER BY \_\_\_\_\_.

My daughter \_\_\_\_\_ has permission to participate in \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_.

If this box is checked, the child has no special needs and will not need any medicines, treatments, special foods or care.

If this box is checked, the child needs or may need special accommodations.

Special accommodations to consider for my daughter are \_\_\_\_\_

By checking this box I/we acknowledge that I/we are aware that the activity is or may be an usual activity or entail unusual risk to which I/we are giving consent.

The child listed above has my/our permission to participate in the above-described Event. I/we are responsible for the cost and will be sure she does not attend if she is sick on the date or dates of listed event.

During the activity I/we may be reached at:

\_\_\_\_\_  
Parent/Guardian name

\_\_\_\_\_  
Parent/Guardian name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Other number

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Other number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Parent/Guardian\*

\_\_\_\_\_  
Signature of Parent/Guardian\*

***\*If only one parent/guardian signs, the signer represents that the consent of any other parent/guardian has been obtained and/or is not needed.***

\_\_\_\_\_  
Emergency Contact Other Than Parent

\_\_\_\_\_  
Phone Number for Emergency Contact Other than Parent