

Activity Permission Form

(Parent Keep This Top Portion)

The Special Activity Troop Form **MUST** also be completed for any overnight, troop trip, troop camping or special activity requiring specialized training as noted in Safety Activity Checkpoints under the activity's section.

Troop/Group _____ is planning a _____

Time _____ Date _____ 20____

Location _____ Phone _____

ARRANGEMENTS FOR TRANSPORTATION:

(*Please note, 15 passenger vans are not permitted, see Volunteer Essentials & Safety Activity Checkpoints)

Time and place of departure _____

Time and place of return _____

Mode of transportation* _____

VOLUNTEERS ACCOMPANYING THE GIRLS:

Name _____ Phone () _____

Name _____ Phone () _____

EACH GIRL WILL NEED:

Expenses (if any) _____ Equipment and clothing _____

_____ This event is a non-refundable event.

_____ A complete/partial refund may be possible if written request is received by: _____

_____ **All activities in water knee level or above require a certified life guard; certification has been forwarded to council and is on file.**

IN CASE OF EMERGENCY, THE VOLUNTEER WILL NOTIFY:

Name _____ Phone () _____

who will immediately notify the parents/guardians.

RETURN THIS PORTION TO VOLUNTEER

(Girl's Name) _____ has permission to participate in (event) _____ on (date) _____. She is in good physical condition and has not had any serious illness or operation since her last health examination.

DURING THE ACTIVITY, I MAY BE REACHED AT:

Address _____ Zip _____

Phone () _____ Phone () _____

IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON IS AUTHORIZED TO ACT ON MY BEHALF: (Make sure this person can be contacted during this event).

Name and Address _____ Zip _____

Relation to participant _____ Phone () _____

Physician's name _____ Phone () _____

CAREGIVER'S SIGNATURE _____ DATE _____