

This permission slip must be signed by a parent/guardian
and turned in at the event.

Event Name: _____

Girl's Name: _____

**PARENTAL PERMISSION:
MUST BE COMPLETED BY THE PARENT/GUARDIAN
OF GIRLS REGISTERING INDIVIDUALLY.**

Does your daughter have any special health considerations/needs we should be made aware of?

Emergency Contact Person: _____

Relationship to Participant: _____

Phone: _____ Alternate Phone: _____

Yes No

My daughter/ward _____ (GIRL'S NAME), has my permission to attend this event.

Yes No

The bearer of this letter has my permission, as a parent or legal guardian, to act on my behalf in an emergency dealing with the health and welfare of my daughter/ward, and to obtain emergency treatment for her by a licensed physician.

Yes No

(For non-registered girls) I understand that my daughter/ward is NOT a registered member of GSUSA, and is therefore not covered by GSUSA's limited insurance in case of injury or accident

Signature of Parent/Guardian: _____

Phone where you can be reached: _____ Date: _____