



Girl Scouts of Greater Atlanta, Inc.

Climbing Wall Parental Permission

Girl Scouts.

Girl Scout Troop # _____ is planning to participate on the Climbing Wall at a Girl Scouts of Greater Atlanta, Inc. camp site _____ .
DATE TIME

<input type="checkbox"/> Camp Meriwether Phone Numbers: Camp Office (770) 927-1020 Ranger's Business Number (770) 929-0530	Troop Leader, please check the appropriate camp site to the left of this box before giving to parent/guardian.
<input type="checkbox"/> Camp Misty Mountain Phone Numbers: Camp Office (706) 629-1030 Ranger's Business Number (706) 629-1969	
<input type="checkbox"/> Camp Timber Ridge Phone Numbers: Camp Office (770) 948-8200 Ranger's Business Number (770) 948-4884	

The **Climbing Wall** requires girls to be mature enough to take responsibility for themselves, their equipment and their fellow participants. The wall is approximately 45 feet high. Participants will wear safety helmets, harnesses, and are belayed from the ground by an instructor. Girls will exit the climbing wall by repelling. **Each girl will need long pants or shorts that are mid-thigh, sturdy shoes, and a water bottle, and a bandana.** Girls must plan to participate in the entire program.

Arrangements for transportation-mode of transportation _____

Time and place of departure _____

Time and place of return _____

Adults accompanying the girls _____

In case of emergency, the adult in charge of the troop will contact the parents.

ADULT IN CHARGE OF THIS FIELD TRIP AREA CODE + PHONE NUMBER

Return Lower Portion of this page to the adult in charge of this field trip.

My daughter _____ has permission to participate on the Climbing Wall.

She can participate fully in this activity. Circle one: Yes No

Please describe any specific assistance your child requires to participate in this activity:

During this activity, I can be reached at the following area code + phone number _____

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name _____ Relationship to Child _____

Phone numbers + area code (H) _____ (Work/cell) _____

Physician's name _____

PHYSICIAN PHONE + AREA CODE

I have read and understand all information printed above.

PARENT/GUARDIAN SIGNATURE

DATE