



# Girl Scout Council of Northwest Georgia Group Initiative Parental Permission

**Girl Scouts.**

Girl Scout Troop # \_\_\_\_\_ is planning to participate in Group Initiative activities involving the Climbing Wall at a Girl Scout Council of Northwest Georgia camp site \_\_\_\_\_ .  
DATE TIME

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

**Group Initiative activities** require girls to be mature enough to take responsibility for themselves, their equipment and their fellow participants. This activity is a series of games/challenges designed to teach girls group problem-solving techniques and team-building principles. Participants may be lifted or carried during an activity. Participants will be taught spotting and safety techniques. **Each girl will need sturdy shoes and a water bottle.** 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

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**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. Check 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