



Girl Scouts of Greater Atlanta, Inc.

Giant Swing Parental Permission

Girl Scouts.

Girl Scout Troop # _____ is planning to participate in Giant Swing activities involving the Climbing Wall at a Girl Scouts of Greater Atlanta, Inc. camp site

DATE TIME

<input type="checkbox"/> Camp Meriwether 6 th grade and up Phone Numbers: Camp Office (770) 927-1020 Ranger's Business Number (770) 927-0530
<input type="checkbox"/> Camp Misty Mountain 6 th grade and up Phone Numbers: Camp Office (706) 629-1030 Ranger's Business Number (706) 629-1969
<input type="checkbox"/> Camp Timber Ridge 4 th grade and up 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 Giant Swing is approx. 30 feet high. Participants will wear safety helmets, harnesses. Girls will be paired with a partner and clipped in to the swing. Their team will pull them up as high as they would like to go and then release themselves to swing. Each pair can make the choice of high they would like to go. **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 or 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. __ Yes __No

Please describe any specific assistance, if any, your child requires participating in this activity:

During this activity, I can be reached at the following 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 (H) (____) _____ (Work/cell) (____) _____

Your Daughter's physician's name _____ and
 Phone number (____) _____.

I have read and understand all information printed above.

 Parent or Guardian's Signature Date