



Your daughter/ward has the opportunity to participate in the following Girl Guides of Canada activity/event.

Activity – Guiders please complete this activity section.

Activity/event/camp: MALL SLEEPOVER Date(s): From Oct. 16 to Oct. 17/10
Location: Dauphin - Selo Ukraina Site, Rec. Complex, Dauphin Market Place Mall

The details of this activity/event/camp are explained on the attached Activity Plan (SG.1).

The activity/event indicated above falls outside what Girl Guides of Canada considers to be a "regular unit activity." Our procedures require that you review the planned activity(ies) and consider the following:

- In all activities there is an element of risk. While Girl Guides of Canada and your daughter's/ward's Guider(s) take reasonable precautions to minimize these risks, this is no guarantee against injury or loss.
Some of the risks associated with these types of activities include (but are not limited to): scrapes, cuts or bruises; sprains, strains or possible broken bones; illness from known or unknown sources; theft or loss of possessions; and unforeseen injuries from activities, equipment or actions of your daughter, other participants or other people, including negligent actions.
Your daughter/ward's Guiders will be following Girl Guides of Canada's Safe Guide which outlines safety management practices. You are welcome and encouraged to review this document. A copy of Safe Guide is available from your daughter's/ward's Guider upon request.
Participants are expected to conduct themselves in a safe manner and to abide by the Girl Guides of Canada Safe Guide procedures and Code of Conduct.

Permission Please return this page to the Guider by October 1, 2010 (mm-dd-yy)

Name of girl: _____ has my permission to participate in Mall Sleepover
Name of activity/event/camp

on Oct. 16/17, 2010 with the supervision arrangements outlined on the Activity Plan (SG.1).
List dates and times

Contacts during activity: During the duration of the activity, I may be reached at:

Address Phone Alternate Phone

In the event of an emergency, if I cannot be reached, the following person is hereby authorized to act on my behalf:

Name: Relationship to participant:

Address Phone Alternate Phone

I have read and understood the information provided with this form as well as the details on the attached Activity Plan (SG.1). I understand that there is a degree of risk involved in these activities. After carefully considering all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child/ward, I authorize my child/ward to participate in the activity as described above and on the Activity Plan (SG.1). I agree to provide up-to-date health information that may not be on the Personal Health Form (H.1) completed at registration. If my daughter/ward requires medical treatment, I understand that Girl Guides of Canada will take initial steps to secure medical advice and services and that I will be contacted as soon as possible, or if unavailable, the emergency contact person noted above.

Custodial parent or guardian

Date:
Relationship to girl:

Print name Signature

Parents – please return this sheet to the Guider!