



Girl Scout Council of Vermont Parent Information/Consent Form

Girl's Name _____ Troop/Group # _____ Level _____ SU _____

Mailing Address _____
Street City State Zip

Parent/Guardian Information

Name _____

Mailing Address (if different than girl's address) _____

City State Zip

Employer Position

Home Phone Work Phone Cell Phone

Email Address Fax #

Optional:

Please check if this person is the custodial parent

Parent/Guardian Information

Name _____

Mailing Address (if different than girl's address) _____

City State Zip

Employer Position

Home Phone Work Phone Cell Phone

Email Address Fax #

Please check if this person is the custodial parent

Family Partnership Contribution

Your Family Partnership contribution will help cover the cost for Vermont girl programs, leader training, insurance, camps and services to Girl Scouts. It costs the Girl Scout Council of Vermont (GSCV) \$315 to provide one year of Girl Scouting experiences to your daughter. All donations are optional, greatly appreciated, and 100% tax deductible. One check made payable to the Girl Scout Council of Vermont can include both the \$10 national membership dues and a Family Partnership contribution. A portion your contribution will be passed on to your local Service Unit for their use in serving girls.

Family Partnership donation enclosed \$ _____

Parent/Guardian Consent (please check the appropriate boxes)

- I grant permission for my daughter to become a registered member of Girl Scouting.
- The Girl Scout Council of Vermont (GSCV) has my permission to use photos, audiotapes and videotapes of my daughter for Council public relations purposes. I agree that photos or tapes of my daughter produced at Girl Scouting events become the property of the GSCV.
- My daughter has permission to participate in Girl Scout product sales (QSP Magazine Sales, Cookie Sales and any other GSCV approved sale) for her troop and Council. I accept responsibility for any product accepted by any member of my household in any Council-sponsored product sale. I understand that product sale monies collected by my family or daughter belong to the Girl Scouts. I agree to deliver all collected monies on time to the designated Troop product sales coordinator. In the event that funds owed by my family are not paid, I agree to reimburse the GSCV for all monies owed and the cost of collection.
- I understand I am responsible for arranging for my daughter to get to and from all troop/group meetings and events, and that if she is not picked up on time after the meeting/activity, the Leader/Advisor will first attempt to contact me and then the emergency contact listed on the Girl Health History Form.

Signature of Parent/Guardian: _____ Date: _____

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