

Ames/Gilbert Girl Scouts

Family Ice Skating



- What:** An ice skating event for Girl Scouts
(It is during public skating time, so families could attend)
- When:** November 21 and 22
2 - 4 p.m. each day, during public skating
(This event is offered on 2 days due to the high demand for children's skates.)
- Where:** Ames/ISU Ice Arena
1507 Gateway Hills Park Dr.
- Cost:** \$3 admission (group rates/please pay at the arena counter)
\$1.75 skate rental
\$1 for patch (optional)
- Check-in:** Please stop at the "Girl Scout Table" to check-in with your permission slips, and to purchase a participation patch.
- Snacks:** There will not be a special room reserved for us.
All snacks can be purchased at the concession stand.
- Note:**
- * Permission slips are required even if parents are attending.
 - * Registration is not required.
 - * Every child needs adult supervision. No drop offs.
 - * Parents need to come into the event to pick up their child.

Event Coordinators:

Karleen Gillen: kgillen@iastate.edu

LeAnn Meehan: meehan92@msn.com

PARENT/GUARDIAN PERMISSION FORM
Girl Scouts of Greater Iowa



Ames/Gilbert Service Unit _____ is planning an ice skating adventure at Ames/ISU ice arena on
November 21 or 22, 2009 (two dates to pick from) .
(Date & Time) (Time)

Leader(s) in charge will be LeAnn Meehan and Karleen Gillen .

We can skate between 2 - 4pm at 1505 Gateway Hills Park Dr .
(Location and address) (Time)

The cost per girl will be \$ 3 for admission and \$1.75 for skate rental per person and \$ 1 for optional event patch.

Each person should be dressed for a day on the ice and prepared to have fun.
(Equipment list)

In case of emergency, the Leader will call parents number on the permission slip.

TEAR OFF AND RETURN THE BOTTOM PORTION TO TROOP LEADER

My daughter _____ has my permission to participate in the Ames/Gilbert Service Unit ice skating event at the Ames/ISU ice area at 1505 Gateway Hills Park Dr. on either Nov. 21 or 22, 2009 from 2-4pm either day I understand the cost will be \$ 3 for admission, \$1.75 for skate rental and \$1 for optional patch.

I will make sure that she does not attend if she is ill and I will inform the Girl Scout Leader in advance; I understand a refund might not be available. I understand that if my child is in need of medication during this event, the medicine must be in its original container and must be given to the Girl Scout Leader or First Aid adult in charge and can not under any circumstances remain in my child's possession.

During the activity, I may be reached at:
Address: _____ Phone Number: (_____) _____

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

Name: _____ Address: _____

Phone Number: (_____) _____ Relationship to Participant: _____

PARENT'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

Girl Scouts of Greater Iowa or the adult in charge, _____, is hereby authorized to secure a physician's service if, in her judgment, any illness or accident should so indicate.

Signature of Parent or Guardian

Date

Physician's Name: _____ Phone Number: (_____) _____

Insurance Company: _____ Policy #: _____

THIS PERMISSION FORM MUST BE IN POSSESSION OF LEADERS OR DRIVERS AT ALL TIMES.