

GRAB YOUR GOGGLES!

It's time for the

AMES/GILBERT GIRL SCOUT

SWIM PARTY

WHEN: Saturday, January 24, 2009
5:00-6:30

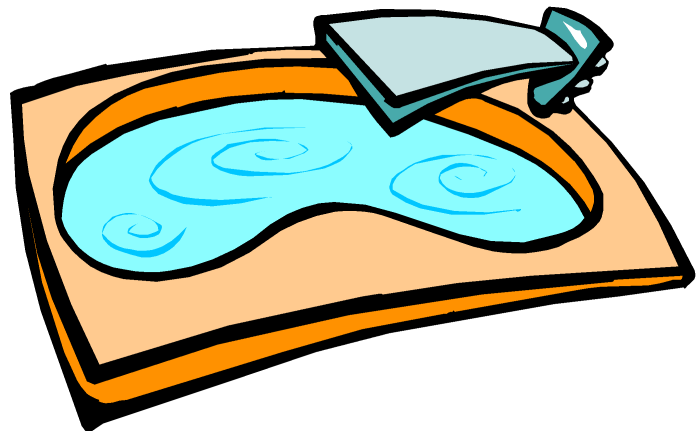
WHERE: Ames Municipal Indoor Pool
(Adjacent to Ames High School)

COST: \$3.00 for Swimming and light snack
\$1.00 optional patch

SIGN-UP As individuals, the day of the event. This event is for registered Girl Scouts. No one will be allowed in the pool without a signed permission slip.

VOLUNTEERS NEEDED!!!

We will need 10 adults to help with pool watching and swim testing. Please contact Melissa Murray at 296-1015 or at Misterboggs@qwest.net to help.



Ames/Gilbert Girl Scout Swim Party

Parent permission form

My daughter, _____, has permission to participate in the AMES/GILBERT GIRL SCOUT SWIM PARTY on **Saturday January 24, 2009 from 5:00-6:30 pm** at the **Ames Municipal Indoor Pool**. I understand the **cost is \$3.00** for swimming and light snack and the **optional patch is \$1.00**.

My daughter is allowed to:
(please circle and initial)

1) be in the shallow end of the pool. (unless otherwise indicated below, this is the default)

Yes _____ No _____

2) be in the deep end of the pool which requires **taking** and **passing the deep water test** (swim the length of the pool).

*****Girls who pass the swim test will be given a colored wrist band indicating they are allowed to swim in the deep end **AND** use the diving board.*****

She is in good physical condition and has not had any serious illness or operation since her last health examination. She may engage in all usual activities except as noted below. I will make sure that she does not attend if she is not feeling well.

Please provide any information about disabilities, medication, and/or special health situations:

During the activity, I can be reached at _____,
phone: _____

Physician's name & phone number:

In case of illness or injury, I/we give permission for my daughter to be seen by the first aider, Melissa Murray, and/or a qualified physician if deemed necessary. The following person is authorized to act in my behalf if I cannot be reached.

_____ phone: _____
Name and relationship

Where immediate care is necessary the first aider, Melissa Murray, has permission to seek medical attention.

Date: _____ Signature: _____
(Parent or Guardian)