



# SWIM PARTY

## FOR AMES/GILBERT GIRL SCOUTS



WHEN: 9 JANUARY 2010  
FROM: 5:00 TO 6:30 PM



PLACE: AMES MUNICIPAL POOL (ADJACENT  
TO THE HIGH SCHOOL)



COST: \$4.00 TO SWIM (includes a small snack)  
\$1.00 OPTIONAL PATCH

SIGN-UP: AS INDIVIDUALS AT THE EVENT. THIS  
EVENT IS FOR REGISTERED GIRL SCOUTS ONLY.  
**NO ONE WILL BE ALLOWED TO SWIM WITHOUT A  
PERMISSION SLIP.**

**Pool watchers needed!**

**To abide by Girl Scout Safety rules we will need at least 4 adults  
watching the pool at all times during the event. Please sign up to  
be a pool watcher if you are going to be at the event with your  
daughter or troop.**



**AMES/GILBERT GIRL SCOUT SWIM PARTY**

PARENT PERMISSION FORM

MY DAUGHTER \_\_\_\_\_ (FIRST AND LAST NAME)

HAS PERMISSION TO PARTICIPATE IN THE **AMES/GILBERT GIRL SCOUT SWIM PARTY ON SATURDAY 9 JANUARY 2010 FROM 5:00 TO 6:30 PM** AT THE **AMES MUNICIPAL INDOOR POOL**. I UNDERSTAND THE COST IS \$4.00 FOR SWIMMING AND A LIGHT SNACK AND THE OPTIONAL PATCH IS \$1.00.

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

During the activity, I may be reached at:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relation to participant: \_\_\_\_\_

**PLEASE CAREFULLY READ AND INITIAL THE SWIM OPTION BELOW THAT APPLIES TO YOUR DAUGHTER**

\_\_\_\_\_ MY DAUGHTER MUST REMAIN IN THE SHALLOW PORTION OF THE POOL FOR THE ENTIRE TIME OF THE EVENT

\_\_\_\_\_ MY DAUGHTER HAS MY PERMISSION TO TAKE THE DEEP WATER SWIM TEST (SWIM ACROSS THE POOL). IF SHE PASSES THE DEEP WATER TEST SHE WILL BE GIVEN A WRIST BAND INDICATING THAT SHE HAS PASSED THE TEST AND CAN LEAVE THE SHALLOW SWIM AREA, SWIM IN THE DEEP AREA AND USE THE DIVING BOARD. IF YOU INITIAL THIS OPTION YOUR DAUGHTER CAN STILL CHOOSE NOT TO TAKE THE TEST AND STAY IN THE SHALLOW AREA.

**PARENT/GUARDIAN'S CONSENT FOR EMERGENCY MEDICAL TREATMENT**

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

Printed name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_