



# Welcome to the Program Center

**Hours of Operation: 3:30-5:30**

Hey Girls! We are really excited to have you join us at the Girl Scouts Program Center. The Program Center has been designed for you. You can rock climb, cook, use the computer lab, shoot hoops, play volleyball, create your own art masterpiece and much more!

This Parent Pack includes all the paperwork which needs to be completed so you don't miss out on a thing at the Program Center. Please make sure your mom, dad, or guardian gets it, completes it, and returns it quickly so you can come to the Program Center as soon as possible.

I've included a little letter below for your parents. Hope to see you soon!

*Sarah Wallace*

Program Center Coordinator

Dear Parents –

We look forward to having your girl join us at the Program Center. The Program Center is designed with fun and learning in mind! Our highest priority is the safety of your girl while she is here. Please complete the enclosed forms and return them as soon as possible. When all forms have been received by our office your girl (s) will be ready to participate.

Registration with Girl Scouts of the USA is required for participation at the Program Center. If she is not already registered there is a place on the permission form to complete her registration. Registration ensures your daughter will be covered by insurance while participating in activities at the Program Center and will allow her to participate in future activities. Registration does not mean your daughter must be in a troop, attend camp, or sell cookies. What she does is up to you.

Your girl (s) may attend the Program Center for free! Scholarships (Opportunity Funds) are available for GSUSA registration and are treated as confidential.

If at any time you have questions related to the Program Center, forms, or activities please email or call Sarah Wallace, [swallace@gsewni.org](mailto:swallace@gsewni.org) or 509-747-8091 x241. We are dedicated to your girl (s) and will answer your questions quickly.

*Pam Lund*

CEO

**Please Return the Enclosed Forms to the Program Center:**

1. Permission for Participation
2. Health and Emergency Medical Form
3. Climbing Wall Activity Waiver

# Medical Authorization Form

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## PARENT(S)/GUARDIAN(S)

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 PLACE OF WORK: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 PLACE OF WORK: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

## People who CAN pick up my child:

**If parents CAN NOT be reached, Call:** **Phone:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Family Health Ins. Co. \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Family Physician : \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## IMMUNIZATION RECORDS

Immunization	Year Primary Series Completed	Year of Last Booster	Immunization	Year Primary Series Completed	Year of Last Booster
DPT			Oral Polio		
TB			Meningococcal		
MMR			PCV7		
Hib			Varicella		
Hep B			Tetnus		

## HEALTH HISTORY

• <b>Allergies:</b>
• Childhood Diseases:
• Special Problems or Significant Illness:
• Special Diet:
• Activity restrictions:
• Medications to be taken while at activity:
Comments/Suggestions:
• Operations or Hospitalizations (include year):
• Recent illness or exposure to contagious disease? Yes No
Details:

**PARENT CONSENT:** This health history is complete and accurate. I know of no reason (s), other than the information indicated on this form, why my daughter/charge should not participate in prescribed activities except as noted. I give permission for my daughter/charge to receive routine health care, over the counter drugs, and prescription drugs administered by appropriate staff, emergency medical and surgical treatment, and to be hospitalized if necessary. In the event of an emergency it is understood that every effort will be made to reach me or the person(s) listed above. It is understood this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage the program leader and said physicians to exercise her/his best judgment as to requirements of such diagnosis or treatment. This permission shall remain in effect from \_\_\_\_\_ to \_\_\_\_\_ unless sooner revoked in writing by myself.

**SIGNATURE (REQUIRED)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Girl Scouts Program Center  
Parent/Guardian Permission for Participation**

Girl Scouts of Eastern Washington & Northern Idaho

1404 N Ash, Spokane, WA 99201

Girl Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

(Please Print)

My daughter/charge listed above has permission to be a registered Girl Scout and participate in activities at the Girl Scouts Program Center. She is in good physical condition and I shall make sure that she does not attend if she is not feeling well.

I understand my daughter/charge will act appropriately and in agreement with the behavior expectations for participation at the Girl Scouts Program Center. In the event that her behavior is not acceptable I understand I will be called to come pick her up immediately.

I understand my daughter/charge will participate in a variety of supervised activities including but not limited to homework assistance, physical fitness, computer/internet use, cooking, arts, and rock climbing.

I also give permission for my daughter/charge to be photographed and allow the council to release said pictures for publicity purposes. *To deny photograph release initial here:* \_\_\_\_\_

My daughter has permission to walk home from the Program Center  YES  NO

\*\*\*\*\*

My daughter/charge attends one of the following schools. I would like to have her ride the after school bus to the Girl Scouts Program Center. I understand it will be my responsibility to pick her up at the Girl Scouts Program Center by 5:30pm.

(Space is limited. Busing runs September – June. You will be notified of specific operation dates.)

- Audubon & Holmes Elementary –Tuesdays       Garfield Elementary -Thursdays  
 Browne & Finch Elementary – Wednesdays       Willard Elementary - Fridays

\*\*\*\*\*

Girl Scout Registration Information:

- My daughter/charge is currently a registered Girl Scout. (Registration year is Sept – Oct.)  
 I have enclosed 10.00 to cover the Girl Scout registration fee for my daughter/charge.  
Please register her.  
 I am requesting assistance for the 10.00 Girl Scout registration fee for my daughter/charge.  
Please register her.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Address City Zip

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

<i>For Office Use Only:</i>	All forms completed? Y N	Membership Year: _____
Comments:	_____	
Staff:	_____	

# Climbing Wall Activities

## Assumption of Risk, Release of Liability, Covenant Not To Sue and Indemnification Agreement Girl Scouts Eastern Washington & Northern Idaho

*This Document Affects Your Legal Rights, Read It Carefully*

In consideration of being allowed to use the climbing facilities of Girl Scouts Eastern Washington & Northern Idaho (GSEWNI):

1. I acknowledge that climbing is a HAZARDOUS RECREATION ACTIVITY with RISK of damage or PERSONAL INJURY, including PARALYSIS or DEATH, to any person or property. Such hazards include burns, cuts, abrasions, punctures and fractures to any part of the human anatomy including head, back, neck and spinal cord as a result of, for example: falls, equipment failure, improperly ties knots or rope technique, improperly buckled harnesses, loosened or damaged climbing holds and anchors, bad decision making, negligent or inattentive belayers or climbers.
2. I agree to use the climbing facilities in accordance to the rules and instructions of GSEWNI staff, volunteers, sponsors, or providers.
3. I agree that any equipment which I provide or may borrow or rent from GSEWNI or other sponsors/providers during this activity, I use at my own risk. I understand and agree that GSEWNI and any other sponsors/providers shall not be liable for any loss, damage, or injury resulting from the use or suitability of said equipment. GSEWNI and any other sponsors/providers make no warranties of any kind regarding this equipment.
4. I hereby release and agree to indemnify and hold harmless GSEWNI, its officers, employees, agents, instructors, patrons, participants, volunteers, wall builders and designers, equipment manufactures, lessors, and insurers (hereinafter referred to as "parties released"), from and against any liability, demand, claim or right of action for any damage or injury, including paralysis or death, to any person or property, resulting from the participation in rock climbing/artificial wall climbing activities, equipment use or negligence of GSEWNI or other "parties released".
5. I further Covenant Not To Sue or make any demand or claim against GSEWNI or other "parties released", for or by reason of any such damage or personal injury from my participation in climbing activities at GSEWNI or other locations.
6. If I am a Parent or Guardian of any minor person under 18 years of age participating in climbing activities sponsored by GSEWNI, I make these representations and agree to the terms herein on behalf of each minor, as well as myself, and I agree to assume responsibility for their safety. I agree to Release, Hold Harmless, Covenant Not To Sue, and Indemnify GSEWNI, and other "parties released" for any claims of the minor.
7. I will pay all fees, damages and costs, including attorney fees, GSEWNI or other "parties released" may incur in the enforcement of this agreement.
8. I or the minor climbing participant is physically fit and know of not medial or health reason to not participate in a climbing activity.
9. This agreement will bind myself, my family, my assigns, estate, heirs, and personal representatives.
10. This contract shall be enforced under the laws of the State of Washington.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I SIGN THIS RELEASE AGREEMENT OF MY OWN FREE WILL.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Climbers Full Name                      Birth date                      Print Parent/Guardian Full Name (if climber under 18)

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street                      City                      St                      Zip

\_\_\_\_\_  
Climber Signature                      Date                      Parent/Guardian Signature                      Date

