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111 East Grove Street  
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265 Beaver Street  
Waltham, MA 02452  
T 781 893 6113  
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**Activity Girl Permission Form: Year 20\_\_ to 20\_\_**

Each girl must have written permission from their primary caregiver for every activity that is held at a different place from the regular meeting.

Girl's Name: \_\_\_\_\_

1<sup>st</sup> Trip/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact for this activity: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2<sup>nd</sup> Trip/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact for this activity: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3<sup>rd</sup> Trip/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact for this activity: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4<sup>th</sup> Trip/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact for this activity: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_