

**Guiders – Keep this form and submit as part of the [Safe Guide Retention Package](#).**

Your daughter/ward has the opportunity to participate in the following Girl Guides of Canada activity/event.

**Activity** – *Guiders please complete this activity section.*

Name of activity/event/camp: Stars Camp Date(s): From September 19, 2025 to September 21, 2025

Location: (facility name): Amaranth Town Hall - 374028 6 Line, Laurel, ON L0N 1L0

The details of this activity/event/camp are explained on the attached **Activity Plan (SG.1)**.

The activity/event indicated above falls outside what Girl Guides of Canada considers to be a “regular unit activity.” Our procedures require that you review the planned activity(ies) and consider the following:

- In all activities there is an element of risk. While Girl Guides of Canada and your daughter’s/ward’s Guider(s) take reasonable precautions to minimize these risks, this is no guarantee against injury or loss.
- Some of the risks associated with these types of activities include (but are not limited to): scrapes, cuts or bruises; sprains, strains or possible broken bones; illness from known or unknown sources; theft or loss of possessions; and unforeseen injuries from activities, equipment or actions of your daughter, other participants or other people, including negligent actions. Although it is unlikely, the potential also exists for debilitating injury, long-term incapacity and death.
- Your daughter/ward’s Guiders will be following Girl Guides of Canada’s Safe Guide which outlines safety management practices. You are welcome and encouraged to review this document. A copy of Safe Guide is available from [www.GirlGuides.ca](http://www.GirlGuides.ca).
- Participants are expected to conduct themselves in a safe manner and to abide by the Girl Guides of Canada’s Safe Guide procedures and Code of Conduct. Anyone who does not or whose actions jeopardize their safety or the safety of the group will be dealt with immediately. If appropriate, she may be sent home at the expense of parents/guardians.

## Permission (Parents/guardians sign and return)

Name of girl: \_\_\_\_\_ has my permission to participate in the above activity on the dates and times listed above with the supervision arrangements outlined on the Activity Plan (SG.1).

**Contacts during activity:** During the duration of the activity, I may be reached at:

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

In the event of an emergency, if I cannot be reached, the following person is hereby authorized to act on my behalf:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I have read and understood the information provided with this form as well as the details on the attached **Activity Plan (SG.1)**. I understand that there is a degree of risk involved in these activities. After carefully considering all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child/ward, I authorize my child/ward to participate in the activity as described above and on the **Activity Plan (SG.1)**.

**I agree to provide up-to-date health information that may not be on the Personal Health Form (H.1) completed at registration.** If my daughter/ward requires medical treatment, I understand that Girl Guides of Canada will take initial steps to secure medical advice and services and that I will be contacted as soon as possible, or if unavailable, the emergency contact person noted above.

*If there is a need for someone other than those listed on the Personal Health Form (H.1) to pick up your daughter/ward, please inform the Unit Guider in writing. In an emergency situation, the Unit Guider may accept verbal authorization from you.*

Custodial parent or guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to girl: \_\_\_\_\_ Signature\*: \_\_\_\_\_

\*e-signature is permitted.

*Girls over the age of majority may sign their own form.*

**Parents/guardians – return this sheet to: Mercedes Spoor By this date: September 12, 2025**

**For Guider use only:** Cost: \_\_\_\_\_ Date: \_\_\_\_\_

Payment received via: ☐ Cash ☐ Cheque ☐ Online Payment ☐ No Cost

**UB Account number:** \_\_\_\_\_