



GSMISTS Media Mavens Participation Form

Let us know about who you are as a Girl Scout! Girls who are interested in making media appearances with GSMISTS, please fill out the information below and return the form to communications@gsmists.org

About you!

Name: _____ Age: _____

Girl Scout Level: _____ # of Years in Girl Scouts: _____

Extra-Curricular Activities/Hobbies: _____

What's your favorite part of being a Girl Scout?

Contact Information

Parents Name: _____

Emergency Contact #: _____ Email (Girl/Parent): _____

Address:

Street: _____ City & Zip _____

Availability:

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Girl Scout Name: _____, has my permission to participate in media related events & activities with council staff. I will not allow her to attend if I do not consider her to be in good physical condition or if she has been exposed to any contagious disease. In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Michigan Shore to Shore to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.

I also understand that during the course of this event, photographs, videos, or audio recordings may be taken which may include my Girl Scout. I hereby consent that such photos, videos, or audio recordings may be used by the Girl Scouts of Michigan Shore to Shore in the promotion of Girl Scouting.

Parent/Guardian Signature: _____