

## 2025 Product Program Parent Permission

My Girl Scout \_\_\_\_\_ has my permission and support to participate in the 2025 Girl Scout Cookie Program. She is a part of Troop # \_\_\_\_\_ in the \_\_\_\_\_ Service Unit.

**Initial each statement below to verify that you have read and understand each one.**

- \_\_\_\_\_ My daughter is a registered Girl Scout for the 2025 membership year prior to starting the Girl Scout Cookie Program activities.
- \_\_\_\_\_ I understand NO sales are permitted prior to the start of the Cookie Program, 1/2/2025.
- \_\_\_\_\_ I will ensure my daughter follows the Safety Guidelines (including, but not limited to, not posting to open online social media sites) and will always have adult guidance.
- \_\_\_\_\_ I release Girl Scouts of Historic Georgia from any liability or damages incurred by my daughter as a result of her participation in the Girl Scout Cookie Program.
- \_\_\_\_\_ I understand that all proceeds are troop or council funds and are NOT the property of my daughter in accordance with Girl Scouts of USA standards.
- \_\_\_\_\_ I understand if no payment is made, actions will be taken against me with the local county magistrate court. I am liable for any amount not remitted plus legal costs expended by Girl Scouts of Historic Georgia.
- \_\_\_\_\_ I understand my daughter may not participate in future Girl Scout Product Programs if there is outstanding debt.
- \_\_\_\_\_ I understand I must submit a completed [Parent Debt Procedure form](#).
- \_\_\_\_\_ I understand that I'm responsible for all debt plus any other associated costs.
- \_\_\_\_\_ I accept ALL financial responsibility for all products received from monies collected and agree to submit monies paid in full by the deadlines established by the Troop Product Program Manager.
- \_\_\_\_\_ I understand my daughter **AND I** must follow the Girl Scout Law and Cookie Booth Etiquette Rules, otherwise she could potentially lose her rewards and may be prevented from participating in the remainder of this year's Girl Scout Cookie Program.



Parent/Caregiver Full Name: \_\_\_\_\_

Relationship to Girl Scout: \_\_\_\_\_ Girl Scout's T-Shirt size: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work/Alternate Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please select one (1) option below:**

\_\_\_\_\_ Option 1 – I am providing my Social Security number, driver's license number, and date of birth.

Social Security # \_\_\_\_\_

Driver License # \_\_\_\_\_

Date of Birth \_\_\_\_\_

(MM/DD/YYYY)

\_\_\_\_\_ Option 2 – By not providing the required documents above you must **PAY IN FULL** before receiving your cookies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Your signature indicates your acceptance of either Option 1 or Option 2 as your choice of payment for your cookies.)