

GIRL SCOUTS OF NORTH-CENTRAL ALABAMA
Troop Activity Application

Circle all that apply to outing: 1+ Overnight Trip (more than 36 hours or 200 miles) 2 or 3 Overnight Trip 3+ Overnight Trip* Troop Camping Family Camping Swimming Canoeing Sailing Caving Rappelling Rafting Skating Horseback Riding Other: _____
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Complete all applicable information and sign. Submit to Community Development Manager at least two (2) weeks prior to trip. Refer to Safety Wise and Council procedures for more information.

You Must Receive Written Approval Before Activity.

Destination: _____ City _____ State: _____ Date(s) of Trip: _____
SU # _____ Troop # _____ Grade Age Level (circle) D B J C S A Flex, age range: _____
Leader in Charge: _____ Phone: (Day) _____ (Night) _____
Phone (cell): _____ Email: _____
Address: _____ City _____ State: _____ Zip: _____

Safety Information:

Troop Camper, if applicable _____ Date of Training _____
High Risk Activity Instructor _____ Phone: _____
Certification _____ Date of Training _____
Person Certified in First Aid _____
Troop Emergency Contact: _____ Phone: _____
Has written consent of parents been obtained? Y N
Have you obtained an accident insurance form (to be used in the event of medical care)?
Has a health history been obtained from parents (including a statement concerning physical well-being if strenuous activity has been planned)? Y N
Has Girl Scout additional insurance been purchased for this activity? YES NO
Date purchased _____

Additional insurance must be purchased if non-members are participating OR if activity is for more than three nights unless it is a three day holiday week-end.

Estimated # of Participants: Girls: _____ Adults _____ Non-member Adults _____
Non-member Children _____
Estimated Cost per Person: \$ _____ How Will Cost Be Met? _____

***Troops planning trips outside the contiguous 48 states or that require 1+ years of planning must fill out Intent to Travel form at least six months before trip (or when plans are first being made.) Contact your CDM for form and details.**

TRANSPORTATION

Private Transportation: Number of Cars: _____

Public Transportation: Type: _____

Will private vehicle travel time exceed four (4) hours? Y N if yes, an approved relief driver is required
Planned route of travel: _____

Commercial Transportation specify type: rental van bus airplane train boat
Company _____ Contact _____
Phone _____
Insurance Provider _____ Type/Policy # _____

Troop Trip Procedures and Checklist:

- Are all participants must be registered members of the Girl Scouts of the USA? Only registered girls and adults are covered by Girl Scout Activity Accident Insurance.
- Have you obtained additional insurance if your trip lasts 3 nights or longer or requires international travel?
- Are all drivers involved insured, licensed and have they completed a Driver Safety Checklist which you have on file?
- Do you have written agreements for the rental of vehicles to be used on this trip (even if there is not cost)?
- Have you attached proof of insurance for leased or chartered vehicles?
- Have you attached a roster of all trip participants?
- After the application is reviewed, a copy of the application will be mailed to the leader. A copy will be retained at the Council Service Center.
- Upon return from the trip, report unusual occurrences, injuries, accidents, etc. on the Incident Report.

I have read applicable information in Safety-Wise, and Council procedures. The information on this application is complete and correct. We, the undersigned, have consulted Safety Wise in planning this trip and agree to maintain all health and safety standards set forth, and hereby make application to conduct this Girl Scout trip as described herein.

Troop Leader Date

Adult in Charge of Trip (if other than troop leader) Date

OFFICE USE

CDM approval for activity is granted: YES Written approval mailed, emailed or given to leader.
NO Attach reason if approval is not given and return to Adult in Charge.

COUNCIL SIGNATURE: _____ DATE: _____

TITLE: _____