



Trip and High-Risk Activity Application

- Instructions:**
1. Complete **ALL** sections - this is required for all activities and trips.
 2. Submit completed form and all attachments to Customer Care at customer care@girlscoutscs.org no later than 30 days prior to trip/activity.

Section 1 Troop Information Required

Service Unit #: _____ Troop #: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

Age Level (mark all that apply): D: ___ B: ___ J: ___ C: ___ S: ___ A: ___

- All adult chaperones needed to meet adult/girl ratio must be **registered and have cleared Council background screening.**
- If it's an overnight trip, **ALL** adults attending must be **registered and have cleared Council background screening.** Parent Permission and Health History forms will be carried by Troop Leaders for all activities and trips.

Section 2 Activity Information Required

Name of Destination: _____ Departure Date & Time: _____

Address of Destination: _____ Return Date & Time: _____

Type of High Risk activity (list all): _____

Additional insurance required for trips over 72 hours.

Must turn in Insurance request and payment three weeks' minimum prior to the trip Names of adults **attending** activity/trip with required training:

First Aid/CPR: _____ Date Completed: _____ Exp: _____

Trip Planning: _____ Date Completed: _____

Outdoor Training: _____ Date Completed: _____

Extended Trip Training: _____ Date Completed: _____

Section 3 Transportation

Mode of transportation:

____ Girls are transported by parent _____ Carpool/Private Vehicles (Driving unrelated girls)

____ Leased/Rented Company: _____

Driver Name	Vehicle Make & Model	Vehicle License #	Auto Insurance Company	Insurance Expiration	Driver License Number & Expiration	Driver Signature

Do not sign any agreements and/or contracts (including bus rent/charter). All agreements and/or contracts must be approved/signed by a Council representative. Attach a copy of signed agreements and/or contracts.

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Section 4 Trip Information

Required only for Extended Trips (over 72 hours):

Trip Itinerary including dates, times, and places

All **adult** chaperones **must** be registered and complete the background screening process for any overnight stay.

Section 5 Participant Roster

Registered Girl Scouts	Registered Adults
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____
11. _____	11. _____
12. _____	12. _____
13. _____	13. _____
14. _____	14. _____
15. _____	15. _____
16. _____	16. _____
17. _____	17. _____
18. _____	18. _____
19. _____	19. _____
20. _____	20. _____

Section 6 Emergency Contact Information

Two designated emergency contacts on the trip	Emergency contact person at home
Name: _____ Phone #: _____	Name: _____ Phone #: _____
Name: _____ Phone #: _____	Address: _____



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Leader Statement of Compliance:

- I understand that Troop funds can only be used to pay for Troop girl members and the minimum required number of adults, as stated in GSUSA Safety Activity Checkpoints Adult-to-Girl ratio. All additional adults **may not** be paid for with Troop funds.
- GSUSA Safety Activity Checkpoints, GSCCS Volunteer Essentials have been reviewed and are being adhered to.
- Certifies all adult participants are able to perform in their capacities and have **registered and cleared Council background screening**. All adults attending overnight trips **must** be registered adult members and background screening completed.
- All drivers for these activities are properly licensed and all vehicles are registered, insured, maintained and have a seatbelt for every passenger. **All drivers are registered and have cleared Council background screening**.
- Appropriate permissions have been obtained for each girl including a current Health History.
- Our Troop/group will conduct ourselves at all times in a positive manner while representing Girl Scouts of Central California South and GSUSA.
- I understand providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and may incur personal financial responsibility.**

Leader Signature: _____ Date: _____

Council Authorization

_____ Approved _____ Denied Reason Denied: _____

Troop Financials Turned In _____ Troop in Good Standing _____

Approved by : _____ Date: _____