



SHORT TRIP/HIGH RISK ACTIVITY APPLICATION

This form is to be completed for (1) high risk activities or (2) overnight troop/group trips or camping of not more than two consecutive nights duration within the Girl Scouts of the Sierra Nevada jurisdiction. For longer trips or trips outside the council jurisdiction, use the Extended Trip Application Form.

Please complete all information and submit form to your Service Unit Manager or Membership Development Director at least two weeks prior to the date of the trip.

Troop/Group Information

Troop #: _____ Program Level: _____ Service Unit: _____

Type of activity: Troop Trip Troop Camping Other Please explain below.

of girls participating: _____ # of adults participating: _____ # non members participating: _____

Date Leaving: _____ Date Returning: _____

Approximate Time: _____ Approximate Time: _____

Site: _____ Phone #: () _____ Address: _____

Leader/Adult in charge: _____

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

Daytime phone: () _____ Evening phone: () _____

Basic Leader Certification training completed: Yes No Troop Camp Training completed: Yes No

Name of First Aider: _____

First Aid Kit and appropriate Insurance forms available: _____

Please list additional adults participating in trip and/or camping experience:

Name	Address	Phone	Registered Girl Scout

Transportation Information

Mode of Transportation: Private vehicles Leased/Rented vehicles Council vehicles Commercial Carrier

Please specify commercial carrier: _____ Private vehicle Evidence of Insurance: On File Attached

Please list the following information on vehicles to be used:

Make/Model of Vehicle	Year	Color	License Plate #	State Regist.	Registered Owner of Vehicle

Please list the following information on drivers and relief drivers:

Name	License #	State	Age	Driving Record _

(over)

Emergency Contact Information

In case of emergency the troop will notify the following person who will be available by phone during the trip and who will

have a list of names, addresses, and phone numbers of those attending:

Name: _____

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

Daytime phone: (____) _____ Evening phone: (____) _____

Readiness Checklist

Checklist Items	Yes	No
Number of adults accompanying troop will constitute the correct girl/adult ratio:(See Program Standard 13, Safety-Wise pg. 39.)		
Girls and adult have participated or will have participated in pre-travel orientation		
Activity permission slips have been obtained for each girl participating		
Girls and adults have identification cards		
Additional Activity Insurance has been purchased if necessary		
Non-registered Member Activity Insurance has been purchased if necessary		
Full trip itinerary is attached		

Additional Checklist for High Risk Activities

Description of Activity	Yes	No
Is there a health history and/or current medical examination record for each girl attending: (See Program Standard 3, Safety-Wise pgs. 32-33.)		
Swimming	Adequate number of lifeguards and watchers have been arranged	
	Each girls' swimming ability has been tested	
Boating	Personal Floatation Devices are available for each person	
	Above swimming requirements have been meet	
Horseback riding	Each girl has protective head gear with safety harness and boots/shoes with heels	

Safety-Wise Statement

I have read **Safety-Wise** and will meet all requirements for the trip/activity planned. I will see that all health and safety standards are followed.

Troop Leader: _____ Date: _____

Approval

Approval of Service Unit Manager Date: _____

Approval of Membership Development Director Date: _____

