



# Troop/Group Activity Application

**Circle all that apply to outing:**  1+ Overnight Trip (outside GSNCA Council)  Overnight Trip of 3 nights or more  
 Troop Camping  Family Camping  Swimming  Canoeing  Sailing  Caving  Rappelling  
 Rafting  Skating  Horseback Riding  Activity requiring Hold Harmless and/or Liability Waiver  
 Other: \_\_\_\_\_

**Troops/groups planning international trips must complete the GSUSA Intent to Travel form at least six months before the trip (or when plans are first being made.) Contact your CDM for form and details.**

**Complete all applicable information and sign this application. Submit it to your community development manager at least two months prior to overnight trips and at least one month before all other listed activities. Refer to *Volunteer Essentials, Safety Activity Checkpoints* and council *Volunteer Policies and Procedures* for more information.**

### You Must Receive Written Approval Before Activity Start Date

Destination: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Date(s) of Activity \_\_\_\_\_

SU # \_\_\_\_\_ Troop # \_\_\_\_\_ Grade Level  D  B  J  C  S  A Flex, grade range: \_\_\_\_\_

Volunteer 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: \_\_\_\_\_

(If using non-council facility and/or staff you must attach the vendor's Certificate of Insurance which must include a \$1,000,000 limit minimum for general liability.)

Certification \_\_\_\_\_ Date of Training \_\_\_\_\_

Person Certified First Aid/CPR \_\_\_\_\_ Date of Training \_\_\_\_\_

Troop Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated # of Participants: Girls: \_\_\_ Adult: \_\_\_ Non-member Adults \_\_\_ Non-member Children \_\_\_\_\_

Estimated Cost per Person: \$ \_\_\_\_\_ How Will Cost Be Met? \_\_\_\_\_

### TRANSPORTATION

Private Transportation: Number of Cars: \_\_\_\_\_ Public Transportation Type: \_\_\_\_\_

Will Private vehicle travel time exceed six (6) 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 # \_\_\_\_\_

<b>Troop Activity Procedures and Checklist:</b>	<b>Yes</b>	<b>No</b>
Have you attached a roster of all activity participants?		
Are all participants registered members of the Girl Scouts of the USA? Only registered girls and adults are covered by Girl Scout Activity Accident Insurance.		
Has written consent of parents been obtained?		
Have Health Information forms been obtained from parents (including a statement concerning physical well-being if strenuous activity has been planned)?		
Have you obtained additional insurance? Additional insurance must be purchased if non-members are participating OR if activity is for more than three days and two nights (unless it is a three day holiday weekend) OR requires international travel.  Date purchased: _____		
Have you obtained an accident insurance form (to be used in the event of medical care)?		
Are all drivers involved insured, licensed and have they completed a Driver Safety Checklist which has been submitted to your CDM?		
Have all drivers completed the background check and been approved?		
Have you attached a copy of written agreements for the rental/lease of vehicles to be used on this trip (even if there is not cost)? The agreement must include an emergency plan in case of accidents, mechanical failure or other problems with the vehicle. Rental/lease agreements are between the rental/leasing company and the driver, not the council. The driver is responsible for inspecting the vehicle when it is picked up and returned to the rental agency.		
Have you attached the following documents for chartered vehicles? <b>These documents must be submitted at least two weeks before departure!</b>		
<ul style="list-style-type: none"> <li>• Contract for council's CEO's review and signature? Remember only the chief executive officer can sign contracts on behalf of the Girl Scouts of North-Central Alabama.</li> <li>• Certificate of Insurance?</li> <li>• US Department of Transportation motor carrier safety rating letter?</li> <li>• Written plan to handle emergencies and provide transportation in case of an accident, mechanical failure or other unexpected vehicle or driver problems?</li> </ul>		
Do you understand that you are responsible for inspecting the vehicle immediately prior to boarding to ensure the vehicle is clean and well maintained and agree to do so?		
<p>After the application is reviewed and approved by council staff a copy will be mailed to the troop leader. A copy will be retained at the council service center.</p> <p>Upon return from the activity, report unusual occurrences, injuries, accidents, etc. on the Incident Report form.</p>		

*The information on this application is complete and correct. We, the undersigned, have read and consulted Volunteer Essentials, Safety Activity Checkpoints, and GSNCA's Volunteer Policies and Procedures in planning this activity and agree to maintain all health and safety standards set forth, and hereby make application to conduct this Girl Scout activity as described herein.*

\_\_\_\_\_  
Troop Leader

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult in Charge of activity (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: \_\_\_\_\_