

Troop Group Activity Form

This form must be completed at least 4 weeks prior to proposed trip for all activities/travel which:

1. Include any overnight event on non-council property with the exception of council sponsored events.
2. Include trips of 100 miles beyond the troop meeting place.
3. Events that involve high-risk activities (aquatics, horseback riding, etc.) or involve the use of any equipment that has a potential risk of injury.

Troop # _____ SU # _____ Grade Level _____ Today's Date _____

Proposed Trip Destination _____ Approximate round-trip miles: _____

Proposed Dates _____ Proposed # of Nights: _____

Proposed Lodging _____ Proposed Transportation _____

Number of Girls _____ Age range at the time of trip _____ Number of Adults _____

Proposed Cost Per Person \$ _____

Leader's Name: _____ Phone Number _____

Email _____ Cell Number _____

Address _____ City _____ Zip _____

Name of Emergency Contact at home: _____ Phone Number _____

It is necessary to have the following information before taking a Girl Scout approved trip. If the following applicable information is not complete you may be liable in case of accidents. Please initial the following to acknowledge you have completed the following:

1. _____ Our group has read the Planning Trips section in Safety-Wise (pages 44-60).
2. _____ Girls' health form for any trip and a physical exam if an overnight trip is **more than** three days or involves physically demanding activities are with the troop CPR/First Aider.
3. _____ I have a complete itinerary that has been given to all parents.
4. _____ A complete itinerary and a participant roster with emergency contact names and numbers.
5. _____ All participants are registered Girl Scouts and/or necessary trip insurance has been purchased
 - Additional insurance 3P if trip is more than 2 nights.
 - Additional insurance 2P to include non-registered children (tagalongs) and adults who are not automatically covered by Girl Scout insurance.
6. _____ An adult is familiar with activity potential risks, safety precautions, and special equipment.
7. _____ Our troop CPR/First Aide certified person, _____, is attending and has current certifications.
8. _____ At least one adult attending has completed the core group leader trainings
9. _____ Our group knows where the closest hospital is on our trip.
10. _____ Provisions have been made for supplying water, garbage disposal, and severe weather.
11. _____ Our Scouter Outer, _____, has had the council's outdoor training if applicable.

Complete the following sections of the form that apply to your activity/travel

Complete if your activity includes privately owned transportation

Refer to Transportation & Travel in Safety-Wise, page 52 and page 73.

1. _____ All drivers have valid car insurance.
2. _____ All drivers will enforce reasonable travel speed in accordance with state and local laws.
3. _____ All drivers have a valid driver's license and be at least 21 years of age.
4. _____ Seatbelts/Booster seats will be worn by all passengers and drivers in accordance to local laws.
Troop members will be transported individually my parent/guardian. _____ (Initial if applicable)

List vehicle information below.

Make, Model, & Year of Vehicle	Owner's Name

Complete if your activity includes an overnight at a non-council site

Site Name: _____ Fee per night: _____

Address: _____

Owner/Operator: _____ Phone Number: _____

Name of Scouter Out: _____ Date of training: _____

Complete if you will be participating in any water activities

All water activities require certified lifeguards. When using a public facility: all Safety-Wise standards and ratios still apply. Refer to Safety-Wise pages 112-125.

1. _____ The site we are using provides necessary lifeguards and/or we are providing our own certified lifeguards.
2. _____ Our group is using certified canoe/boating instructors.

Complete if you will be participating in horseback riding activities

Please refer to Safety-Wise page 102 for additional activity checkpoints.

1. _____ I have reviewed Safety-Wise with the owner/instructor to insure they are meeting Girl Scout requirements.
2. _____ The riding facility provides helmets and/or we will be bringing our own riding helmets which will be worn by all riders.
3. _____ The riding facility carries liability insurance.

Complete if you will be participating in any non-council high adventure activity

Type of Activity: _____

Owner/Operator: _____ Phone: _____

Qualifications/Certifications held by activity leader: _____

1. _____ Our troop has a written agreement with the outside group for any services.
2. _____ The outside group has liability insurance to cover the group and activity
3. _____ The outside group provides all necessary specialty equipment (i.e. helmets, PFD's, harnesses, ropes, etc.) and/or our group has made arrangements to rent/borrow equipment.
4. _____ Written arrangements have been made for emergencies and discussed with all participants and parents.
5. _____ Communication checkpoints have been established for various times with someone outside your group.

Leader's Signature

Date

Council Representative's Signature

Date