



BASIC Troop/Group Trip Application – Day Trip within CT

(No high adventure nor overnight trips)

You must receive approval **prior** to any troop/group trip.

Application must be received by customercare@gsofct.org at least 2 weeks prior to trip.

One form per Basic Troop/Group Trip

Troop/Group Co-leader Name: _____ Troop/Group #: _____

Trip Information			
Place:			
Address:		City:	Zip:
Types of activities girls will participate in:			
Date of trip:	Departing (time):	<input type="checkbox"/> AM or <input type="checkbox"/> PM	Returning (time):
Number of Total Registered Participants:		___ Girls	___ Adults
Number of Total Non-Registered Participants:		___ Girls	___ Adults

Name of Trained Adult Volunteer (if different than Co-leader listed above)
Core Leadership:
First Aid/CPR/AED:
Out and About (needed for trip longer than 4 hours.):

Volunteer Agreement
<input type="checkbox"/> I have ensured that the girls and adults in attendance are registered and additional activity insurance has been purchased for non-member participants.
<input type="checkbox"/> I have ensured that appropriate girl/adult ratios in Volunteer Essentials will be followed.
<input type="checkbox"/> I have ensured that all training requirements have been met. This includes Core Training Requirements, First Aid, CPR/AED Certification, and if trip is 4 hours or more, Out & About.
<input type="checkbox"/> A certified adult lifeguard is present (required if trip involves any water activity including but not limited to swimming, canoeing, kayaking, water parks, etc. This includes home pools.)
<input type="checkbox"/> I have ensured that a first aid kit and crisis card will be onsite.
<input type="checkbox"/> If an accident, injury, or incident occurs, I will ensure that the <u>Accident/Injury Report</u> and/or the <u>Incident Report</u> will be completed and submitted to council within 24 hours.
<input type="checkbox"/> I have secured all troop/group paperwork*: <input type="checkbox"/> Annual Consent Form <input type="checkbox"/> Girl Health History Form <input type="checkbox"/> Adult Health History Card
*Annual Consent Forms and Girl Health History Forms must be onsite for all girls. Health History Cards must be carried by all attending adults.

I have read the requirements related to trips, travel and activities planned during our trip and agree to abide by GSUSA *Safety Activity Checkpoints* and *Volunteer Essentials*.

Signature of Troop/Group Co-leader: _____ Date: _____

<input type="checkbox"/> I confirm that I have received or am in the process of receiving all COVID-19 Informed Consent forms. The form can be found here .
