



HIGH ADVENTURE Troop/Group Trip Application

- ✚ Written approval must be received **prior** to any troop/group trip.
- ✚ Submit application, along with a troop/group roster, to the Service Unit Manager or designee for approval four weeks prior to trip.
- ✚ Service Unit Manager sends approved application three weeks prior to trip to customercare@gsfct.org.
- ✚ To avoid possible loss of your deposit, **do not** put money down on any trip until you have received the required approvals.
- ✚ Purchase Additional Activity Insurance if needed. Send Mutual of Omaha insurance request forms (available at gsfct.org) to customercare@gsfct.org.
- ✚ All GSUSA, GSOFT and Safety Activity Checkpoint procedures **MUST** be followed. Failure to follow policies and procedures will result in your trip not being approved.

Type of High Adventure Activity			
<input type="checkbox"/> Caving	<input type="checkbox"/> White Water Rafting	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Snowboarding/Downhill Skiing
<input type="checkbox"/> Rappelling	<input type="checkbox"/> Rock/Tower Climbing	<input type="checkbox"/> Archery/Hatchet (or Tomahawk) Throwing	<input type="checkbox"/> Challenge Course Low/High
<input type="checkbox"/> Water Activity _____ (please specify activity)			
<input type="checkbox"/> Other _____			

Travel Dates/Times			
Departing on (Day of Week):	Date:	At (time):	<input type="checkbox"/> AM or <input type="checkbox"/> PM
Departing from (Location/Street Address):		City:	State:
Returning on (Day of Week):	Date:	At (time):	<input type="checkbox"/> AM or <input type="checkbox"/> PM
Returning to (Location/Street Address):		City:	State:
Mode of Transportation: <input type="checkbox"/> Private Car <input type="checkbox"/> Van <input type="checkbox"/> Approved Bus <input type="checkbox"/> Train <input type="checkbox"/> Ship <input type="checkbox"/> Airplane <input type="checkbox"/> Other _____			

Troop Information		
Service Unit:	Troop/Group#:	# Girls in Troop/Group:
Grade level: <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A	Core leadership trained Troop/Group Co-leader Name:	
Home Phone:	Cell Phone:	Email:

Trip/Activity Information (Attach an itinerary if trip is for 3 or more nights, if traveling to more than one location, <u>or</u> if staying overnight in several locations.)		
Place:		
Address:	City:	Zip:
Site Contact (Person's Name):	Site Contact Phone #:	
Types of activities girls will participate in:		
*Certificate of Insurance (required)	<input type="checkbox"/> On file with Risk Management <input type="checkbox"/> Requested <input type="checkbox"/> Attached	
Waiver required for activity	<input type="checkbox"/> Yes <input type="checkbox"/> Attached <input type="checkbox"/> No	

*GSOFT volunteers **may not** sign a waiver on behalf of a troop/group member. Only a parent or guardian may sign a vendor's waiver for their daughter/ward.

Number of Participants (Attach a roster of participants, including addresses and phone numbers.)					
	YOUTH (age 18 and under)		ADULT (over age 18)		
	Number of Females	Number of Males	Number of Females	Number of Males	Total Number of Participants
Registered members					
*Non- Registered members					

*Additional Activity Insurance is required for non-registered participants.

Troop/Group Emergency Contact (Person not on trip)		
Name:	Relationship to Troop/Group:	
Address:		
Email:	Home Phone:	Cell Phone:

Sleeping Accommodations (if applicable)	
Name of Facility:	Dates used:
Address:	
Onsite Contact:	Onsite Phone:
Type of Lodging: <input type="checkbox"/> Home <input type="checkbox"/> Tent <input type="checkbox"/> Cabin/Lodge <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____	
Note: - It is required that girls sharing a bed use sleeping bags or alternate under-over the linens. - Per GSUSA and GSOFCT policies, separate sleeping quarters and bathroom facilities must be provided for any males in attendance. Adult males do not supervise sleeping areas.	

Trained Adults with Troop/Group (Additional training and/or certifications required for activities.)									
<ul style="list-style-type: none"> List name of certified person(s) Insert training/certification date(s) Attach copies of activity specific certification(s) 									
Trained/Certified person (Name)	**First Aid (Date)	CPR/AED (Date)	Out & About (Date)	Fire, Food & Fun (Date)	Ready? Set? Go! (Date)	Camping Adventures (Date)	Archery (Date)	*Lifeguard (Date)	*Small Craft (Date)

IF APPLICABLE:	
Wilderness First Aid Certification (Adults Name & Cert Expiration Date):	Other Certification (Adult's Name and Cert Expiration Date):

*If trip involves any water activity including but not limited to swimming, canoeing, kayaking, water parks etc. a currently certified adult lifeguard MU present. This includes hotel and home pools.

**At least one certified First Aider and a first aid kit must be present at all times during the trip.

Volunteer Agreement							
<input type="checkbox"/> I have read the <i>Safety Activity Checkpoints</i> for this activity.							
<input type="checkbox"/> I have reviewed <i>Volunteer Essentials</i> to ensure compliance with GSUSA and GSOFCT's Policies and Procedures.							
<input type="checkbox"/> I have attached a roster of participants (girls and adults).							
<input type="checkbox"/> I have ensured all required training has been met and attached additional certifications (if applicable).							
<input type="checkbox"/> I have purchased Additional Activity Insurance (required for non-member participants).							
<input type="checkbox"/> I have secured all troop/group paperwork (prior to departure): <table border="0" style="width:100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Parent/Guardian Trip/Event Permission slips</td> <td><input type="checkbox"/> Adult Health History Card</td> </tr> <tr> <td><input type="checkbox"/> Girl Health History form</td> <td><input type="checkbox"/> Girl Health Record form (for activities of 3 nights or more)</td> </tr> <tr> <td><input type="checkbox"/> Annual Consent form</td> <td><input type="checkbox"/> Participant Waiver (if required by vendor)</td> </tr> </table>		<input type="checkbox"/> Parent/Guardian Trip/Event Permission slips	<input type="checkbox"/> Adult Health History Card	<input type="checkbox"/> Girl Health History form	<input type="checkbox"/> Girl Health Record form (for activities of 3 nights or more)	<input type="checkbox"/> Annual Consent form	<input type="checkbox"/> Participant Waiver (if required by vendor)
<input type="checkbox"/> Parent/Guardian Trip/Event Permission slips	<input type="checkbox"/> Adult Health History Card						
<input type="checkbox"/> Girl Health History form	<input type="checkbox"/> Girl Health Record form (for activities of 3 nights or more)						
<input type="checkbox"/> Annual Consent form	<input type="checkbox"/> Participant Waiver (if required by vendor)						
Note: All above forms must be onsite for all participants along with a first aid kit.							

I have read the requirements related to trips, travel and activities planned during our trip and agree to abide by GSUSA *Safety Activity Checkpoints*, Girl Scouts of Connecticut's Policies and Procedures, and *Volunteer Essentials*.

I will assure that all GSUSA, GSOFT and *Safety Activity Checkpoint* Policies and Procedures are upheld during the trip.

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

Email: _____

Signature of Service Unit Manager (or designee):	Date:
<input type="checkbox"/> Roster submitted <input type="checkbox"/> Itinerary submitted <input type="checkbox"/> Approval pending <input type="checkbox"/> Approval granted and forwarded to Customer Care (Date) _____	
<input type="checkbox"/> Approval denied (comments):	

Signature - Council Risk Management Department:	Date:
<input type="checkbox"/> Approval pending <input type="checkbox"/> Final approval granted (Date) _____	
<input type="checkbox"/> Approval denied (comments):	

High Adventure Trip Evaluation:
Troop/Group Co-leader submits the High Adventure Trip Evaluation form to the customercare@gsofct.org within two weeks of trip completion either by email, mail, or fax: <ul style="list-style-type: none"><input type="checkbox"/> customercare@gsofct.org<input type="checkbox"/> Girl Scouts of Connecticut Customer Care Department 20 Washington Ave. North Haven, CT 06473<input type="checkbox"/> Fax: (203) 239-7220

TROOP/GROUP EVENT ROSTER

Troop/Group Number: _____ Membership Year (e.g. 20xx-20xx): _____

Event Name/Location: _____

Event Date: _____ Today's Date: _____

	NAME	EMAIL	Preferred Phone #	Girl/ Adult?	Date of Birth (International Trips Only)
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3					
4					
5					
6					
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