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Activity and Travel Form

High Risk, Out-of-State Travel or Overnight Activities (1- 2 nights)

An Activity and Travel Form is needed for every activity held by troops, service units, or groups of Girl Scouts that goes beyond the regular troop meeting time and place. The planned activity must be consistent with Girl Scout *Safety Activity Checkpoints*.

Complete Both Sides at least 4 weeks in advance. See side 2 for a list of High Risk Activities. **This list is not all-inclusive.**

****For Overnights of 3 nights or more and all International Travel, please complete the "Extended Trip/Travel Form"**

Submit this signed form to your service unit representative, or in the absence of a service unit representative, e-mail to your Membership Services Specialist. An electronic signature is acceptable.

Troop/Group Information

Troop #: _____ Service Unit: _____

Person Completing Form: _____

Phone: _____ E-mail: _____

Program Level:

Daisy Cadette

Brownie Senior

Junior Ambassador

Activity and Travel Information

Destination Name: _____

(Please note: Girl Scout Daisies may travel no further than 1 hour away from home)

Destination Address: _____ Phone: _____

Planned Activities: _____

How do these activities relate to the Girl Scout Leadership Experience? _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Name of registered and CORI'd Girl Scout volunteer, who has completed appropriate training, who will lead girls in this activity:

_____ (Refer to *Volunteer Essentials* for required trainings).

Certified First Aider(s): _____

Outdoor Skills Trained Adult (if required): _____

Back Home Contact*: _____ Phone: _____

** In case of an emergency, the leader/adult in charge will notify the person above, who will notify the parents.*

_____ (initial) I have reviewed *Volunteer Essentials* and the *Safety Activity Checkpoints*. This trip meets all requirements.

_____ (initial) All adults required to meet girl-adult ratios per *Volunteer Essentials* are registered and CORI'd.

Please provide a detailed breakdown of the participants. *Remember, only registered girls and adults are insured by GSUSA. Additional insurance is strongly recommended for non-registered participants. Obtain an application for additional insurance (Plan 2) through any of the council service centers or on the council website: <http://www.gscwm.org/en/resources/forms.html>*

Please note: All adults attending a Girl Scout overnight MUST be currently registered members of GSCWM.

	Girls	Female Adults	Male Adults	Boys
Number of Registered Girl Scout Members:	_____	_____	_____	_____
Number of Non-Registered Participants:	_____	_____	_____	_____

Total Cost per Person: \$ _____ Troop Share per Person: \$ _____

If additional money-earning activities are required, have the forms been submitted for approval? Yes No

Activity and Travel Form (side 2)

The following activities are considered HIGH RISK. This list is not all-inclusive.

Any contact with animals, Archery, Bounce Houses and related equipment, Campgrounds (other than GSCWM facilities), Chartered buses and other chartered vehicles (i.e. limousines, campers, boats), Challenge Courses and Ropes Courses, Gymnastics, Hayrides, Horseback Riding, Rafting and Boating, Climbing and Rappelling, Parkour, Scuba Diving, Segway, Skating rinks (roller and ice), Ice Skating (at a rink), Skiing and Snow Tubing, Snorkeling, Surfing, Swimming Facilities, Theme Parks, Vehicle Rental, Water Parks, Wind Surfing, Water Skiing and Wake Boarding, and Zip Lining.

Please refer to <http://www.gscwm.org/en/resources/volunteer-basics/SafetyActivityCheckpoints.html> for an updated list of High Risk activities and activities that are restricted and never allowed.

Adult Training Information

Please provide the names of all trained or certified adults who will be participating in this activity. Refer to *Volunteer Essentials* for a list of specific trainings needed to lead activities and *Safety Activity Checkpoints* for complete requirements regarding your particular trip and activities.

Field Trip Trained Adult: _____

Indoor Overnights Trained Adult: _____

Outdoor Skills Trained Adult: _____

Outdoor Overnights Trained Adult: _____

Certified Adult Lifeguard: _____

Has lifeguard completed the Waterfront Module (required to guard on lakes, rivers and oceans.): Yes No

Specialized Training(s): _____ (i.e. Challenge Course, Boating, Rock Climbing, etc.)

Trained Adult: _____

Girl Scout Progression

Please check the progression steps that the girls attending this activity have completed (Refer to *Volunteer Essentials* for information on Girl Scout Progression in Activities).

- | | |
|---|--|
| <input type="radio"/> Short Trip | <input type="radio"/> One-Night Indoor Overnight |
| <input type="radio"/> Day Trip | <input type="radio"/> Multi-Night Indoor Overnight |
| <input type="radio"/> Twilight Trip | <input type="radio"/> One-Night Outdoor Overnight in a Rustic Cabin/Tent |
| <input type="radio"/> Outdoor Skills | <input type="radio"/> Multi-Night Outdoor Overnight in a Rustic Cabin/Tent |
| <input type="radio"/> Hiking/Backpacking - please provide details of girls' experience: _____ | |

Verification of Insurance for High Risk Activities

A Certificate of Liability Insurance is required for ALL High Risk Activities. Please refer to <http://www.gscwm.org/content/dam/girlscouts-gscwm/documents/COIS%20for%20website.pdf> to check if the organization has a certificate on file with GSCWM; if not, please submit one with this form.

- Active certificate on file with GSCWM Certificate attached

(Initial) The organization provides all necessary specialty equipment (i.e. helmets, PFDs, harnesses, ropes, etc.)

Please attach copies of agreements or contracts required to participate in this activity.

Please attach copies of any waivers that parents are asked to sign to participate in this activity.

Vehicle Leasing (please attach a Certificate of Liability Insurance) *Note that GSCWM must review rental agreement prior to authorizing the finalization of rental.

Company Name: _____ Company Address: _____

Pick-up Date: _____ Drop-off Date: _____ Number of Drivers: _____ Number of Passengers: _____

(Initial) All drivers and passengers are GSCWM registered members.

(Initial) We are purchasing additional insurance from the vehicle rental company.

(Initial) All drivers are currently licensed in the State of Massachusetts and carry personal automobile insurance.

Please Note: GSCWM will not authorize the rental or use of a 15 passenger van without documented driver training.

Note: Non-registered parents, siblings, friends, and other persons are not covered by basic Girl Scout insurance coverage.

Signature of Leader: _____ Date: _____
(Electronic Signature is Acceptable)