

Girl Scout Council of Hawaii

420 Wyllie St. Honolulu, HI 96817

Application for Camping (Non-GSCH), Overnights, High Risk Activities

Type of Activity: Camping (Non-GSCH Site) _____ Overnight _____ High Risk Activity _____

Type of High Risk Activity: (if applicable) **See *Safety Wise* pages 79-80 for more detail.**

Canoeing* _____ Boating* _____ Sailing* _____ Rafting* _____ Backpacking _____ Archery _____

Tubing _____ Skiing (downhill) _____ Challenge Courses _____ Horseback riding _____ Other _____

List Other Activity _____

* Itinerary is attached for activity marked with asterisk.

About the Troop: Daisy _____ Brownie _____ Junior _____ Cadette _____ Senior _____

Service Unit: _____ Troop #: _____

Adult in Charge: _____ Phone #: _____

(see *Safety Wise* for required adult leaders)

Address: _____

Street

City

Zip Code

TOTAL # Participants _____ girls, _____ adults, _____ non G.S., _____

(all participants must be registered members, if not, additional insurance will be necessary)

About the Activity:

Name of Activity: _____

Location of Activity: _____

Street

City

Zip Code

Purpose of Activity: _____

Dates: from: _____ to _____

Time: from: _____ to _____

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Required Trained/Skilled Adult

TCT Trained Adult: _____ Phone: _____ Training Date: _____

First Aid Cert. Adult: _____ Phone: _____ Exp. Date: _____

CPR Qualified Adult: _____ Phone: _____ Exp. Date: _____

Adult Lifeguard: _____ Phone: _____ Exp. Date: _____

Skilled/Certified Adult in charge of High Risk Activity:

Name: _____ Phone: _____ Exp. Date: _____

Adult to be notified in case of emergency:

Name: _____ Phone: _____

I have read the information in program resources pertaining to camping, overnights, and high-risk events. I will comply with all GSUSA and GSCH Policies, Standards, Procedures, and Guidelines.

Signature of Adult-in-Charge

Date

The Girl Scout Council of Hawaii authorizes the Service Unit Manager to approve or disapprove this application.

Please Circle: **Approve** **Disapprove**

Signature of Service Unit Manager or Delegated Person

Date

Check list:

- Submit (1)one month prior to event
- Request proof or additional insurance through MDD at least 1 month prior to activity
- Make 3 copies - troop record copy, Service Unit Manager copy, MDD copy