

Girl Scouts Louisiana East

Corporate Headquarters
841 S. Clearview Parkway, New Orleans, LA 70121-3119
(504) 733-8220 (800) 644-7571 F (504) 733-8219

www.gsle.org

Regional Service Center
545 Colonial Drive, Baton Rouge, LA 70806
(225) 927-8946 (800) 852-8421 F (225) 927-8402

Troop/Group High Risk Activity Application

Troop/Grp # _____ SU # _____ Age Level: B J C S A Registered Girls # _____
Leader/Name _____ Email _____
Home (_____) _____ Work (_____) _____ Cell (_____) _____
Address _____ City _____ Zip _____

Please Note:
**Troops/groups must secure permission from authorized council personnel before planning or engaging in:
·Any activity not listed in *Safety-Wise* activity checkpoints ·Rock climbing ·Horseback riding
·Caving ·Challenge Courses

High Risk Activity Information

Describe activity _____
Site _____ Date _____
Address of Site _____ City _____ State _____ Zip _____
Site Owner/Manager _____ Phone (_____) _____
Expert Instructor(s) _____ Certificate held _____ Expiration _____
Experience _____
Expert Instructor(s) _____ Certificate held _____ Expiration _____
Experience _____
First Aider (required) _____ Certificate held _____ Expiration _____
Will site provide certificate of insurance? Yes No On file at the Girl Scout Office
Attach any contract, waiver or release of liability required by site for approval by Girl Scouts Louisiana East, Inc.
Special skills needed by participants _____
Describe prior experience of participants for this activity. _____

Describe preparations that troop/group will make for this experience. _____

Safety equipment required for activity: _____
Supplied by: _____ Inspected by: _____

Agreement:

I understand that this is a request for approval. I will not make final arrangements until we have received Council approval. We will use the High Risk Activity Permission Form. I have read the activity checkpoints in *Safety-Wise* for this activity and will comply with them. We agree to follow Council and Girl Scouts of the USA policies and procedures and to use safety equipment as required.

Signature of Leader _____ Date _____

Mail this form at least six weeks before proposed high risk activity to:
Vice President of Program
Girl Scouts Louisiana East
841 S Clearview Parkway
New Orleans, LA 70121

FOR OFFICE USE ONLY
Application rec'd at GSLE _____
High risk approved: Yes No By _____
Approval given: in writing by phone

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High Risk Activity Information

Troop/Grp # _____ is planning a _____
which will include _____ a high risk activity.

Date _____ Time _____ Location Phone (_____) _____

Location _____ Type of Transportation _____

Time/Place of Departure _____

Time/Place of Return _____

Cost per girl _____ Each girl should bring _____

Adults accompanying girls:

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

In case of delay in returning or an emergency, Leader will notify (name) _____
(phone) (_____) _____ who will then notify parents.

Leader's Signature _____ Date _____ Phone (_____) _____

PARENT: CUT ALONG DOTTED LINE AND RETURN TO LEADER BY (DATE) _____

High Risk Activity Permission

I give my permission for my daughter, _____ to attend and participate in all activities related to
_____ on _____.

I understand that the opportunity to participate in the above activities may present more than usual risk. I understand that my daughter must be physically and emotionally ready for these activities, and that there may be minimum skill requirements. I understand that if my daughter does not meet these readiness requirements, she will not be allowed to participate. I agree that my daughter will be responsible for wearing protective equipment and following safety rules as instructed. Girl Scouts Louisiana East, Inc cautions you that some facilities require parents to sign a Release and Waiver of Liability before allowing minors to use their facilities. I understand that when I sign a Release and Waiver of Liability as required by these facilities, I may be giving up valuable legal rights. I understand that I may wish to consult an attorney before signing a Release and Waiver of Liability. I will not allow her to attend the event if she becomes exposed to any contagious disease or if for any reason I do not consider her a good physical condition. NOTE: Prescriptions and/or over the counter medications will be administered to a girl by or in the presence of the responsible adult and only with written permission from a custodial parent, legal guardian or a physician. Prescriptions and/or over the counter medications should be in the original container, carefully labeled with the girl's name and dosage, and must be accompanied by written instruction from a custodial parent, legal guardian or physician. In case of accident or illness, I authorize a representative of Girl Scouts Louisiana East, Inc to give consent to a physician and/or hospital for medical emergency and or surgical treatment. It is understood that every effort will be made to notify me before such action is taken and I will be responsible for all charges related to treatment. I understand that the Girl Scouts Louisiana East, Inc may use photographs or audio/video tapes of my daughter in event activities for Girl Scout public relations. I understand the Council cannot be responsible for lost of valuables.

During the activity, I may be reached at (_____) _____
Phone Address / City

Contact person to notify in an emergency if custodial parent/legal guardian cannot be reached. This person is authorized to act for me/us:

(_____) _____
Name Phone Address / City

Who will be picking up your daughter?

Custodial parent/Legal Guardian Name _____ Driver's License # _____

Other Relative Name _____ Driver's License # _____

Friend of Family Name _____ Driver's License # _____

Custodial Parent/Legal Guardian Signature _____ Date _____