



High Adventure, Camping and Overnight Activity Request Form

Please complete the appropriate paperwork if you are participating in any of the following:

- High Adventure Activities, Camping and Overnight trips that are no more than 3 days/2 nights within the state of Florida, including hotels, campsites, Air B&B, etc.
- If you are travelling to another Girl Scout Council for any activities, a packet will still need to be completed

Reminders:

- For all overnight events that are **hosted by Council Staff** on GSC properties or other locations, an Overnight Troop Travel Packet is not required. A standard TAR submitted to the Safety Coordinator will be sufficient, in addition to any event specific paperwork that may need to be completed.
- For individual troops that are camping on GSC property **only**, an Overnight Troop Travel Packet is not required. A standard TAR submitted to the Safety Coordinator will be sufficient
- Submit this completed packet to Customer Care attention *Michelle Rouleau, Outdoor Adventure Manager* at customercare@citrus-gs.org No less than 1 month prior to the trip or activity to allow enough time for review and approval.

Please select all that apply: ___ High Adventure ___ Camping (Tent, Cabin, etc.) ___ Hotel/Air B&B

Select which activities: ___ Aquatics/Boating ___ Ropes/Climbing ___ Horseback ___ Target/Archery/Shoot

Please list any other information: _____

Troop#: _____ Community Name: _____ Date(s) of Activity: _____

Facility Name: _____ Facility Address: _____

Number of Participants: ___ DY ___ BR ___ JR ___ CD ___ SR ___ AMB ___ Female Adults ___ Male Adults

Remember: Troops must always have a certified First Aider anytime they travel outside their meeting place and a certified Troop Camper (if applicable) for the level of camping they are participating in

Troop First Aider Name: _____ Certification Expiration Date: _____

Troop Camper Name: _____ Certification Expiration Date: _____

Always be sure to have the following paperwork, forms, and supplies with you at all times :

- | | |
|---|--|
| <input type="checkbox"/> Completed Rosters | <input type="checkbox"/> GSC Emergency Procedures |
| <input type="checkbox"/> Parent Permission Forms | <input type="checkbox"/> Annual Health History for All Adults and Girls with all Medications |
| <input type="checkbox"/> GSC Covid Guidelines, Forms & Supplies | <input type="checkbox"/> General First Aid Kit and Log |
| <input type="checkbox"/> Accident Reports | |
| <input type="checkbox"/> Insurance Claim Forms | |

As the responsible adult for this troop, I have checked all applicable guidelines according to:

- CDC, Department of Health and Girl Scouts of Citrus for Covid 19 Specific Guidelines
- Safety Activity Checkpoints and Volunteer Essentials

I have also:

- Verified that the location is approved/vetted, and I have reviewed all site specific guidelines
- Verified that all adults/ girls are aware of the protocols and all girl/adult ratios have been met:

Volunteer Name Typed : _____ Contact Email: _____

Volunteer Signature: _____ Date: _____

Council Staff Approval Signature: _____

Checklist for Activities, High Adventure, Overnights and Local Travel

| <u>Type of Activity/Travel</u> | <u>Requirements</u> |
|---|--|
| <p>Day Trips</p> <p>Trips/activities that do not have any risk associated with them. These can take place inside/outside Council Jurisdiction.</p> | <ul style="list-style-type: none"> ✓ Review GSC Activity Guidelines and Safety Activity Checkpoints for activity specific guidance and grade requirements ✓ Review and Complete a Troop Activity Request packet (TAR) located at https://www.citrus-gs.org/en/about-girl-scouts/our-council/forms.html Submit to the Community Safety Coordinator ✓ Parent Permission Form for each girl attending ✓ Annual Health History Form for Girls and Participating Adults ✓ Have a Certified Troop First Aider ✓ Follow and submit all necessary COVID 19 Health and Safety Guidelines found on the GSC website |
| <p>High Adventure</p> <p>Any type of high adventure activity or one that may have an element of risk such as: Horseback Riding, Aquatics, Challenge Courses, Shooting sports etc. These can take place inside/outside Council Jurisdiction including other Councils.</p> | <ul style="list-style-type: none"> ✓ Review GSC Activity Guidelines & Safety Activity Checkpoints for activity specific guidance and grade requirements. Vendor Must Be on the GSC Approved Vendor List ✓ Review and Complete a High Adventure, Overnight & Travel Packet located at https://www.citrus-gs.org/en/about-girl-scouts/our-council/forms.html Submit to Michelle Rouleau through Customer Care at customercare@citrus-gs.org ✓ Activity waivers or other vendor paperwork (if applicable) ✓ Parent Permission Form for each girl attending ✓ Annual Health History Form for Girls & Participating Adults ✓ Have a Certified Troop First Aider ✓ Follow and submit all necessary COVID 19 Health and Safety Guidelines found on the GSC website |
| <p>Activities that take place on a Girl Scouts of Citrus property</p> <p>All events and overnight camping activities that troops participate in such as Troop Camping, Camporees, Day Events, Badge Days etc.</p> | <ul style="list-style-type: none"> ✓ Review GSC Activity Guidelines and Safety Activity Checkpoints for activity specific guidance and grade requirements ✓ Review and Complete a Troop Activity Request packet (TAR) located at https://www.citrus-gs.org/en/about-girl-scouts/our-council/forms.html Submit to the Community Safety Coordinator ✓ Parent Permission Form for each girl attending ✓ Annual Health History Form for Girls and Participating Adults ✓ Have a Certified Troop First Aider ✓ Follow and submit all necessary COVID 19 Health and Safety Guidelines found on the GSC website ✓ Any necessary forms required for the event or activity |
| <p>Overnight Trips 3 Days/2 nights or less</p> <p>Sleeping or camping overnight for 2 nights or less in a cabin, structured building, tent, hotel, Air B&B, etc. These can take place inside/outside Council Jurisdiction including other Councils.</p> | <ul style="list-style-type: none"> ✓ Review GSC Activity Guidelines & Safety Activity Checkpoints for activity specific guidance and grade requirements. Vendor Must Be on the GSC Approved Vendor List ✓ Review and Complete a High Adventure, Overnight & Travel Packet located at https://www.citrus-gs.org/en/about-girl-scouts/our-council/forms.html Submit to Michelle Rouleau through Customer Care at customercare@citrus-gs.org ✓ Activity waivers or other vendor paperwork (if applicable) ✓ Parent Permission Form for each girl attending ✓ Annual Health History Form for Girls & Participating Adults ✓ Have a Certified Troop First Aider ✓ Follow and submit all necessary COVID 19 Health and Safety Guidelines found on the GSC website ✓ Have a Certified Troop Camper Level 1 (when camping) |



Acknowledgement of Girl Scouts of Citrus Covid-19 Guidelines

This form is to be used when participating in any Girl Scout activities, meetings, trips etc. that take place for any Girl Scout activity with girls and/or adults.

Please note: for troop meetings this form only needs to be submitted once per membership year unless there is a location change.

Volunteer: _____

Email: _____ Contact Phone: _____

Troop #'s for all troops you lead : _____

Community Name: _____

___ For troop meetings (only 1 per year) or ___ For any activity (each time)

Troop meeting/activity address: _____

Please acknowledge that you understand each of the statements below:

COVID-19 is an extremely contagious virus that spreads easily in the community. Each troop/family should weigh their participation based on their own as well as their family members health concerns. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Citrus takes every safety and preventative precaution, Girl Scouts of Citrus can in no way warrant or be held responsible that COVID-19 infection will not occur through participation in Girl Scout activities. ___ Initial

I have read the current guidelines for resuming in-person activities from Girl Scouts of Citrus Council and I will take all reasonable precautions to limit exposure for girls, volunteers, and families, which will include following CDC, GSUSA, GSC and state health department guidelines. ___ Initial

I will be sure to inform girls, volunteers, and families what measures have been put in place during our time together such as wiping down and disinfecting all high touch areas before, during and after activity. Wiping down supplies and other items and areas, spraying a disinfectant, the proper way to wash hands including how to shut off faucets, open doors, etc., using hand sanitizer, wearing masks, social distancing, and any other safety protocol including pre-screening forms and temperature checks. ___ Initial

For any allowed in-person troop activities, including meetings the adult volunteers are responsible for assisting with and monitoring all social distancing guidelines and cleaning protocols. ___ Initial

In the event of a positive COVID-19 test result within my troop, I will notify the parents/caregivers and others who may have been exposed. I understand girl and volunteer health information is confidential and I am not to share that with anyone outside of those exposed. ___ Initial

Volunteer Name Printed/Typed : _____

Volunteer Signature: _____ Date: _____



Participant Roster for All Activities

(Roster must be submitted with each Activity Request Form)

Troop Meeting ___ Event/Activity ___ Name of Event/Activity _____ Date: _____

Please Note: All Adult Participants must be registered members and approved volunteers. Please list all girls and adults below and complete all the information including: your designated First Aider, Outdoor Skills and/or any other trained volunteers that are attending. (Be sure to include their certifications when you submit this paperwork) Review Safety Activity Checkpoints for all guidelines

| Participant's Name | Adult or Girl | DOB | Participant Contact Phone (Cell) | Emergency Contact Name | Relationship to participant | Emergency Contact Phone (cell) | Certifications FA/CPR, Outdoor, Lifeguard, etc. | Certification Expiration Date (if applicable) | Background Check Expiration Date |
|--------------------|---------------|-----|----------------------------------|------------------------|-----------------------------|--------------------------------|---|---|----------------------------------|
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