

Activity Approval Request



Girl Scouts of NE Kansas & NW Missouri
8383 Blue Parkway, KC, MO 64133
(816) 358-8750 Fax (816) 358-5714
www.girlscoutsksmo.org

Submit form 2 weeks in advance to obtain approval for activities involving high risk or sensitive issues as defined in *Safety Wise*, overnights, or the signing of a contract or agreement. Complete Trip Transportation Form if arranging for rented/chartered/borrowed vehicles. If the activity involves a contract or agreement, attach for council staff signature.

Service Unit _____ Troop _____

Age Level (Check one) Daisy Brownie Junior Cadette Senior Ambassador

Leader's Name _____			
Address _____			
Street	City	State	Zip
E-mail _____			
Telephone () _____	() _____	() _____	
Day	Evening	Cell	

Describe Activity _____

Address of Activity _____
City _____ State _____ Zip _____

Number of girls _____ adults _____ tags _____ vehicles _____ (15 passenger vans are not authorized)

Depart (Date) _____ (Time) _____ (Place) _____

Return (Date) _____ (Time) _____ (Place) _____

Home Contact Person for Emergencies _____ Telephone _____

I certify that the person(s) providing transportation is (are) age 21 or above, personally insured, licensed, familiar with the type of vehicles being driven and has a safe driving record.

I have the following for the activity (If required)

- Health Forms First Aider Insurance Form First Aid Kit CPR Trained Adult
 Certified Lifeguard, certification expires _____

The following are activities that need Consultant/Mentor AND Membership Manager approval.

- Archery Challenge courses Rafting Sailing Snow skiing
 Boating Horseback riding Row boating Sensitive or Controversial Issues Swimming
 Canoeing

I have read and agree to adhere to the related GSUSA standards, guidelines, and safety checkpoints in <i>Safety-Wise</i> and will follow Girl Scouts of NE Kansas & NW Missouri policies, standards, and procedures. I understand that parents/guardians must give written permission for their child to attend.	
Leader _____ (Signature)	Date _____

Approved by _____ Name	_____ Position	Date _____
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