



High Adventure Activity Application

Become a G.I.R.L.. This form is to be filled out and submitted for approval 4 weeks prior to expected date of any High Adventure activity if company is currently GSH approved and 8 weeks prior if company is not currently GSH approved. Please refer to Safety Activity Checkpoints, Volunteer Essentials, and Policies and Standards for activity planning.

Anticipated dates of activity _____ Activity Location _____

Responsible Adult in Charge

First _____ Last _____ Troop Role _____

Date of GSH background clearance _____ Service Unit _____ Troop Level _____ Troop Number _____

Street Address _____

City, State, Zip _____ Phone _____ Email _____

Name of Certified First Aid Provider First _____ Last _____

Phone _____ Email _____

Level of Certification _____ Expiration Date _____ Certifying Agency _____

Name of Adult Lifeguard (if required) First _____ Last _____

Phone _____ Email _____

Please check all activities that apply

- Archery
- Backpacking
- Bicycling with Rentals
- Boating
- Canoeing
- Caving
- Challenging Courses
- Fishing with Vendor
- Go Carts
- Horseback Riding
- Ice Skating
- Kayaking
- Knife/Tomahawk Throwing
- Rappelling
- Rock Climbing
- Roller Skating
- Sailing
- Scuba Diving
- Segway
- Skiing
- Sledding
- Snowboarding
- Snowshoeing
- Snow Tubing
- Surfing
- Water Skiing
- White River Rafting
- Ziplining
- Other (please specify): _____
- Other High Adventure Activity _____

Company/Private Instructor First _____ Last _____

Phone _____ Email _____

Check all that apply

- I have read and will adhere to all guidelines in Girl Scout Safety Activity Checkpoints, Volunteer Essentials and Policies and Standards
- Company is currently approved by GSH
- Company is currently NOT approved by GSH
- I have current Health History and Permission Slip forms for all girls in troop/group.
- All girls in troop/group are prepared for this activity both physically and mentally
- I have given a Safety Briefing to all attending Responsible Adults

Safety Activity Checkpoints

- File Upload to supply Vendor information and permission forms

Signature _____ Date _____

By submitting this form, I confirm that the information in this form is correct to the best of my knowledge.

Submit to customercare@gshawaii.org

If facility requires a signed form for use of their facility; send the document to us at council. The forms must be signed by an authorized GSH representative (even if you already signed it). This review is required as it is GSH procedure, don't assume personal risk when GSH will assume the risk for you. We're looking out for you! (tip - scan all pages into one document).