

High Adventure Activity Application



Attach To The Appropriate Trip Application Form.

High Adventure forms without the appropriate Trip Application Form will not be processed

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 _____ Expiration Date _____ Certifying Agency _____
Certification First _____ Last _____
Name of Adult Lifeguard (if required) Phone _____ Email _____

Please check all activities that apply

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

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).