

# Application for Troop/Group Overnight Stay or Horseback Riding

## Directions

1. Complete Form
2. Submit form to [customercare@gssgc.org](mailto:customercare@gssgc.org), a minimum of **30 Days** prior to event for final approval. Please attach brochure, map or any available information for any out-of-Council site.
3. Upon approval a confirmation e-mail will be sent to your e-mail address.

## † Insurance Information

Non-Registered individuals are not covered by Girl Scout insurance. Additional coverage for Registered Girl Scouts and Non-Registered individuals is available at the Girl Scout Service Center in Redlands. Please allow 4-6 weeks for processing. Call 1-800-400-GIRL (4475) for more information. All drivers of vehicles must have a valid driver's license, registration and current automobile liability insurance. Drivers must also be a registered Girl Scout with a clear background check. In case of an accident in a privately owned vehicle the owner has primary insurance liability.

## General Information

Troop/Group Number: \_\_\_\_\_ Region: \_\_\_\_\_

Girl Scout Levels and number camping and/or horseback riding:

Daisy \_\_\_\_\_ Brownie \_\_\_\_\_ Junior \_\_\_\_\_ Cadette \_\_\_\_\_ Senior \_\_\_\_\_ Ambassador \_\_\_\_\_

† Non-Registered individual(s) attending: # Adults \_\_\_\_\_ # Children \_\_\_\_\_

Total number of adults responsible for supervision: \_\_\_\_\_

## Adult In Charge

Camping: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Day \_\_\_\_\_ E-Mail \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Horseback Riding: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Day \_\_\_\_\_ E-Mail \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Begin/End Date/Time

Camping Trip: Begin Date/Time: \_\_\_\_\_ End Date/Time: \_\_\_\_\_

Horseback Riding: Begin Date/Time: \_\_\_\_\_ End Date/Time: \_\_\_\_\_

## Troop/Group Camping REQUIRED Information and Training (ONLY)

### Campsite Information

Name of Site: \_\_\_\_\_ Site owned/operated by: \_\_\_\_\_

Location/Directions to Site: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facilities/Features (lodging, restrooms, telephone, electricity, other): \_\_\_\_\_

Site/Area Hazards: \_\_\_\_\_

Law Enforcement (telephone #) (other than 911): \_\_\_\_\_

**Activities** (In addition to camping check all other activities that are planned.)

Bicycling  Boating  Hiking  Ropes Course  \* Horseback Riding  \*\* Waterfront Activities Other: \_\_\_\_\_

**\*Complete information requested below for Horseback Riding Approval.**

**\*\*All waterfront activities require adequate adult watchers and a certified lifeguard.**

Lifeguard Certification **REQUIRED** when participating in waterfront activities. Copy of certification **MUST BE ATTACHED** with this form.

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

BOT (Basic Outdoor Training) **REQUIRED** by an adult attending camping trip.

Name: \_\_\_\_\_ Adult Position: \_\_\_\_\_ Class Date: \_\_\_\_\_

**Horseback Riding REQUIRED Information (ONLY)**

**Horseback Riding Site Information**

Name of Site: \_\_\_\_\_ Site owned/operated by: \_\_\_\_\_

Location/Directions to Site: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Note - Please enclose brochure, map or information available and send to GSSGC with this form.**

**Troop/Group Camping & Horseback Riding REQUIRED Information and Training**

Health History/Consent for Treatment has been completed for each child and will be provided to Troop/Leader.  Yes  No

**Note – Completed “Health History/Consent for Treatment” cards must accompany each child. Leaders in charge shall hold these documents during encampment and/or horseback riding event.**

Nearest Medical Aid Available:

To Camp Site: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (emergency other than 911): \_\_\_\_\_

To Horseback Riding: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (emergency other than 911): \_\_\_\_\_

Emergency Contacts: Give each contact a list of all individuals attending with home phone numbers, copy of a completed “Annual Permission Slip” for each girl attending camping and/or horseback riding, a list of drivers and vehicle descriptions and a copy of itinerary.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Home Cell

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Home Cell

Transportation: All adults transporting girls must be a registered member of GSUSA and a current cleared Background Check. Drivers must have an Emergency Procedures Card as well as a “Health History/ Consent for Treatment” Card” for each scout in their vehicle while traveling. Leaders in charge shall hold these documents during encampment and/or horseback riding event.

Drivers' Names: \_\_\_\_\_ Total Number of Private Cars: \_\_\_\_\_

Number of vehicles onsite: \_\_\_\_\_

First Aid & CPR Certification is **REQUIRED** for all Girl Scout activities. A copy of certification **MUST BE ATTACHED** with this form.

Camping: Name: \_\_\_\_\_

Horseback Riding\*: Name: \_\_\_\_\_

**\*Only if First Aid & CPR person is different from camping event or you are only going horseback riding.**

**Troop/Group Camping**

I have read in **Safety Activity Checkpoints/Safety Guidelines** the activity check points for: Troop Camping, Cooking and Cleaning, Campfires and Camp Stoves and those for all the activities checked above. Initials \_\_\_\_\_

**Horseback Riding**

I have read in **Safety Activity Checkpoints/Safety Guidelines** the activity check points for Horseback Riding and I understand that participants are required to wear helmets during all horse activities. Initials \_\_\_\_\_

I understand that Council **MUST** be notified of any subsequent changes in Troop/Group Camping and/or Horseback Riding. Initials \_\_\_\_\_

The information on this form is accurate as of: \_\_\_\_\_

Registered Adult: \_\_\_\_\_

Signature

Print Name

Date



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