

**Girl Scouts Louisiana East**

**Corporate Headquarters**

841 S. Clearview Parkway, New Orleans, LA 70121-3119  
(504) 733-8220 (800) 644-7571 F (504) 733-8219

[www.gsle.org](http://www.gsle.org)

**Regional Service Center**

545 Colonial Drive, Baton Rouge, LA 70806  
(225) 927-8946 (800) 852-8421 F (225) 927-8402

**Troop/Group High Risk Activity Application**

Troop/Grp # \_\_\_\_\_ SU # \_\_\_\_\_ Age Level: B J C S A Registered Girls # \_\_\_\_\_

Leader/Name \_\_\_\_\_ Email \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Please Note:**  
Troops/groups must secure permission from authorized council personnel before planning or engaging in:  
•Any activity not listed in *Safety-Wise* activity checkpoints •Rock climbing •Horseback riding  
•Caving •Challenge Courses

**High Risk Activity Information**

Describe activity \_\_\_\_\_

Site \_\_\_\_\_ Date \_\_\_\_\_

Address of Site \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Site Owner/Manager \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Expert Instructor(s) \_\_\_\_\_ Certificate held \_\_\_\_\_ Expiration \_\_\_\_\_

Experience \_\_\_\_\_

Expert Instructor(s) \_\_\_\_\_ Certificate held \_\_\_\_\_ Expiration \_\_\_\_\_

Experience \_\_\_\_\_

First Aider (required) \_\_\_\_\_ Certificate held \_\_\_\_\_ Expiration \_\_\_\_\_

Will site provide certificate of insurance?  Yes  No  On file at the Girl Scout Office

Attach any contract, waiver or release of liability required by site for approval by Girl Scouts Louisiana East, Inc.

Special skills needed by participants \_\_\_\_\_

Describe prior experience of participants for this activity. \_\_\_\_\_

Describe preparations that troop/group will make for this experience. \_\_\_\_\_

Safety equipment required for activity: \_\_\_\_\_

Supplied by: \_\_\_\_\_ Inspected by: \_\_\_\_\_

**Agreement:**

I understand that this is a request for approval. I will not make final arrangements until we have received Council approval. We will use the High Risk Activity Permission Form. I have read the activity checkpoints in *Safety-Wise* for this activity and will comply with them. We agree to follow Council and Girl Scouts of the USA policies and procedures and to use safety equipment as required.

Signature of Leader \_\_\_\_\_ Date \_\_\_\_\_

Mail this form at least six weeks before proposed high risk activity to:

Vice President of Program  
Girl Scouts Louisiana East  
841 S Clearview Parkway  
New Orleans, LA 70121

**FOR OFFICE USE ONLY**  
Application rec'd at GSLE \_\_\_\_\_  
High risk approved:  Yes  No By \_\_\_\_\_  
Approval given:  in writing  by phone

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**High Risk Activity Information**

Troop/Grp # \_\_\_\_\_ is planning a \_\_\_\_\_  
which will include \_\_\_\_\_ a high risk activity.

Date \_\_\_\_\_ Time \_\_\_\_\_ Location Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Location \_\_\_\_\_ Type of Transportation \_\_\_\_\_

Time/Place of Departure \_\_\_\_\_

Time/Place of Return \_\_\_\_\_

Cost per girl \_\_\_\_\_ Each girl should bring \_\_\_\_\_

**Adults accompanying girls:**

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

In case of delay in returning or an emergency, Leader will notify (name) \_\_\_\_\_  
(phone) ( \_\_\_\_\_ ) \_\_\_\_\_ who will then notify parents.

Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**PARENT: CUT ALONG DOTTED LINE AND RETURN TO LEADER BY (DATE) \_\_\_\_\_**

**High Risk Activity Permission**

I give my permission for my daughter, \_\_\_\_\_ to attend and participate in all activities related to  
\_\_\_\_\_ on \_\_\_\_\_.

I understand that the opportunity to participate in the above activities may present more than usual risk. I understand that my daughter must be physically and emotionally ready for these activities, and that there may be minimum skill requirements. I understand that if my daughter does not meet these readiness requirements, she will not be allowed to participate. I agree that my daughter will be responsible for wearing protective equipment and following safety rules as instructed. Girl Scouts Louisiana East, Inc cautions you that some facilities require parents to sign a Release and Waiver of Liability before allowing minors to use their facilities. I understand that when I sign a Release and Waiver of Liability as required by these facilities, I may be giving up valuable legal rights. I understand that I may wish to consult an attorney before signing a Release and Waiver of Liability. I will not allow her to attend the event if she becomes exposed to any contagious disease or if for any reason I do not consider her a good physical condition. NOTE: Prescriptions and/or over the counter medications will be administered to a girl by or in the presence of the responsible adult and only with written permission from a custodial parent, legal guardian or a physician. Prescriptions and/or over the counter medications should be in the original container, carefully labeled with the girl's name and dosage, and must be accompanied by written instruction from a custodial parent, legal guardian or physician. In case of accident or illness, I authorize a representative of Girl Scouts Louisiana East, Inc to give consent to a physician and/or hospital for medical emergency and or surgical treatment. It is understood that every effort will be made to notify me before such action is taken and I will be responsible for all charges related to treatment. I understand that the Girl Scouts Louisiana East, Inc may use photographs or audio/video tapes of my daughter in event activities for Girl Scout public relations. I understand the Council cannot be responsible for lost of valuables.

During the activity, I may be reached at ( \_\_\_\_\_ )  
Phone Address / City

Contact person to notify in an emergency if custodial parent/legal guardian cannot be reached. This person is authorized to act for me/us:

( \_\_\_\_\_ )  
Name Phone Address / City

Who will be picking up your daughter?

Custodial parent/Legal Guardian Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Other Relative Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Friend of Family Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Custodial Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_