GIRL SCOUTS OF EASTERN OKLAHOMA

REQUEST FOR APPROVAL OF ACTIVITY REQUIRING COUNCIL PERMISSION

FORM IS DUE **FOUR (4) WEEKS** IN ADVANCE Send to: 4810 S. 129th East Ave., Tulsa, 74134 ~ FAX 918-749-2556 ~ camps@gseok.org

ON	
girl	scouts

Troop # Troop Level Service Unit Leader Email		If you expect tagalongs, please specify: # of Girls and their ages:	
Phone (H) Phone (W) P	hone (C)	# of Boys and their ages:	
Address City #Girls #Female Adults #Male Adults * See box at right for further		You must provide extra adult(s), in addition to the girl/adult ratio, who will be responsible for tagalongs.	
Activity Begins (Location) At (Time): On (Date): Traveling to: Activity Ends (Location) At (Time): On (Date): Complete ONLY if using a COUNCIL FACILITY: Check-in Time Check-out Time Date Date Date Date	BEYOND THE MEETING Name: Date of Training: FIRST AIDER (Must Attach Copy of Cert Name: Certification Type & Expirat Issued by (GSEOK, ARC, A OR - Medical License Type & Number:	ification) tion: HA, etc.): e (MD, RN, LPN, EMT, etc.) Expiration Date: d or Wilderness First Responder is	
Note: If using a council facility, identify by camp AND unit (i.eTallchief Hickory) Locked Facility (Motel, private home, etc.) or any Council Facility. Specify:	MODE OF TRANSPORTA ☐ Private Vehicle ☐ Public Transportation ☐ Rental/Charter/Loaned Ve		
☐ Unlocked Facility (tents, etc.) Rating Score** Specify type of facility:* **COMPLETE THE SECURITY RATINGS FORM (#588F OR #597F) TO DETERMINE SCORE	NAME:	OT accompanying the troop):	
LEADER'S STATEMENT OF COMPLIANCE Safety Activity Checkpoints, Volunteer Essentials, GSEOK's Position Statement on Safety and Security Form #590T and/or Emergency Procedures Form #579T have been reviewed and are being adhered to. I have verified that all personnel (first aider, lifeguard, instructors, etc.) are currently certified to perform in those capacities according to safety guidelines and have attached copies of all certifications. I have verified that all drivers for this activity are properly licensed and that the vehicle they will be driving is registered, insured for liability (as required by Oklahoma statutes) and well maintained. Every passenger will have a seat and use a seat belt. Parents have been informed of the particulars regarding this activity including safety precautions/emergency procedures. Permission will be received for each girl with parent or guardian signature acknowledging their understanding of and agreement with the activity(s) as planned and that they have no further questions. LEADER'S SIGNATURE			
Complete the information on the back for planne	ad activities requiring enpreye	including comping	

PLANNED ACTIVITIES (check all that apply): Amusement Parks (Required only for Waterparks) 2 Backpacking 3 Camping 1 Climbing and Adventure Sports (Challenge Courses, Climbing, Rappelling, Zip Lining, Recreational Tree Climbing) 3 Community Clean-Ups (Beach, Rivers/Waterways, Public Parks, Highway/Road, Adopt-a-Highway) Fencing 3 Fishing and Ice Fishing 2 Go-Karting Hayrides 4 Horseback Riding 3 Indoor Skydiving 3 Inflatables (Aquatic, Bounce Houses, Bubble Soccer, Log-Rolling) Overnight Activities (without Camping) Offshore Water Vessels (Large Passenger Vessels) Parades and Other Large Gatherings (ONLY if providing a service boot or riding on a float – not required for marching in parade or spectating)	4 ☐ Tubing/Waterskiing/Wakeboarding ² ☐ Windsurfing			
Numbered activities require trained and/or certified personnel. Refer to boxes 1, 2 or 3, Form #571T and Safety Activity Checkpoints. MUST ATTACH COPIES OF ALL CERTIFICATIONS.				
1. TROOP CAMPER (Required for camping activities) Name:	3. OTHER SPECIALIZED PERSONNEL (Attach copy of certification) Name			
SITE ORIENTATION (Required if using council campsite) Name:	Name Certification Type*			
	Expiration Date			
2. WATERFRONT ACTIVITIES (Specify Type) ☐ Swimming Pool ☐ Waterpark ☐ Lake ☐ River ☐ Other	* Documented experience may replace certification, but a copy of the documentation must be provided.			
Personnel provided by: Facility Service Unit Troop (Fill in information below):	☐ Verify vendor is licensed, holds certifications, and/or carries liability insurance.			
Lifeguard Name Certification Type & Expiration Date				
L Certification Lyne & Evniration Date				
Canoe Instructor	4. COMMUNITY EVENTS Name of Event:			
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