

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 E. Ave., Tulsa, 74134 ~ FAX 918-749-2556 ~ camps@gseok.org



Troop # _____ Troop Level _____ Service Unit _____ Leader _____ Email _____ Phone (H) _____ Phone (W) _____ Phone (C) _____ Address _____ City _____ Zip _____ #Girls _____ #Female Adults _____ #Male Adults _____ #Tagalongs _____* * See box at right for further information about Tagalongs	<p align="center"><u>If you expect tagalongs, please specify:</u></p> # of Girls and their ages: _____ _____ # of Boys and their ages: _____ _____ You must provide extra adult(s), in addition to the girl/adult ratio, who will be responsible for tagalongs.
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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 _____

Note: If using a council facility, identify by camp AND unit (i.e.-Tallchief Bunkhouse)

Locked Facility (Motel, private home, etc.) or any Council Facility. Specify: _____

Unlocked Facility (tents, etc.) Rating Score _____ **
 Specify type of facility: _____

**COMPLETE THE SECURITY RATINGS FORM (#588F OR #597F) TO DETERMINE SCORE

**REQUIRED FOR ALL ACTIVITIES
BEYOND THE MEETING TRAINING**

Name: _____
 Date of Training: _____

**FIRST AIDER
(Must Attach Copy of Certification)**

Name: _____
 Certification Type & Expiration: _____
 Issued by (GSEOK, ARC, AHA, etc.): _____
OR - Medical License (MD, RN, LPN, EMT, etc.)
 Type & Number: _____ Expiration Date: _____

NOTE: Wilderness First Aid or Wilderness First Responder is required if EMS response is more than 30 minutes.

MODE OF TRANSPORTATION:

Private Vehicle
 Public Transportation
 Rental/Charter/Loaned Vehicle (Submit Form #589F)

AT-HOME CONTACT (NOT accompanying the troop):

NAME: _____
 HOME PHONE: _____
 CELL PHONE: _____

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 _____ DATE _____

Complete the information on the back for planned activities requiring approval, including camping.

PLANNED ACTIVITIES (check all that apply):

- Aquatic Inflatables ²
- Archery, 3D Archery, Slingshots ³
- Backpacking ³
- Boating: Canoes, Kayaks, Row Boats, Corcls, Sailboats ²
- Bounce Houses
- Challenge Course, Climbing & Rappelling/Ziplining, Recreational Tree Climbing ³
- Fencing ³
- Fishing and Ice Fishing ²
- Go-Karts
- Hayrides ⁴
- Horseback Riding ³
- Indoor Skydiving ³
- Knife/Tomahawk/Hatchet Throwing ³
- Overnight with Camping ¹
- Overnight without Camping

- Offshore Water/Large Passenger Vessel
- Parades and Other Large Group Gatherings (ONLY if participating, not spectating) ⁴
- Scuba Diving ²
- Segway ³
- Shooting Sports ³
- Skateboarding ³
- Snorkeling ²
- Snow Skiing/Snowboarding/Snowshoeing ³
- Spelunking/Caving ³
- Standup Paddle Boarding ²
- Surfing ²
- Swimming ²
- Target Paintball ³
- Tethered Balloon Rides ³
- Travel/Trips
- Tubing/Waterskiing/Wakeboarding ²
- Whitewater Rafting ²

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: _____

SITE ORIENTATION (Required if using council campsite)

Name: _____

2. WATERFRONT ACTIVITIES (Specify Type)

- Swimming Pool Waterpark Lake River
- Other _____

Personnel provided by: Facility Service Unit
 Troop (Fill in information below):

Lifeguard Name _____

Certification Type & Expiration Date _____

Canoe Instructor _____

Certification Type & Expiration Date _____

Other (Specify): _____

Name _____

Certification Type & Expiration Date _____

(Attach copies of all certifications)

Please list names of adults serving as watchers. The troop is responsible for watchers:

3. OTHER SPECIALIZED PERSONNEL

(Attach copy of certification)

Name _____

Certification Type* _____

Expiration Date _____

* **Documented experience** may replace certification, but a copy of the documentation must be provided.

- Verify vendor is licensed, holds certifications, and/or carries liability insurance.

4. COMMUNITY EVENTS

Name of Event: _____

In detail, describe how the troop plans to participate (i.e. – march or ride on a float in a parade, provide a service booth at a town carnival, etc):

Refer to *Safety Activity Checkpoints* for Parades and Other Large Group Gatherings. If renting, leasing or borrowing a vehicle, Form #589F must be attached to this request. NOTE: The term “vehicle” refers to **trailers or other towed conveyances** as well as to motorized carriers.

YOU DO NOT NEED COUNCIL APPROVAL IF THE TROOP IS ATTENDING THE EVENT AS SPECTATORS.

HAYRIDES

Refer to *Safety Activity Checkpoints* for Hayrides. The State of Oklahoma does not require a hauled vehicle to be licensed or to display a safety inspection sticker if it is not used commercially. Therefore, it is the responsibility of the leader to insure that these guidelines are being met.

Charge Campsite Use Fee of \$ _____ to:

Account # _____

VISA MasterCard Other _____

Name on Card _____

Expiration Date: Month _____ Year _____

CVV (Security Code on Back of Card) _____

Billing Zip Code _____

FOR OFFICE USE ONLY

Date Received _____

Use Fee Paid \$ _____

Receipt # _____

Date APPROVED _____

DENIED _____

Comments: _____
