

GIRL SCOUTS OF EASTERN OKLAHOMA
 REQUEST FOR APPROVAL OF ACTIVITY REQUIRING COUNCIL PERMISSION
 FORM IS DUE **FOUR (4) WEEKS** IN ADVANCE

Send to: Program Services Department, 2432 East 51st Street, Tulsa, 74105



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

If you expect tagalongs, please specify:

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.

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 _____

FIRST AIDER (Required for all activities):
 Name: _____
 Certification Type: _____
 Issued by (GSEOK, ARC, AHA, etc.): _____
 Expiration Date: _____
OR - Medical License (MD, RN, LPN, EMT, etc.)

Type & Number: _____ Expiration Date: _____
NOTE: Level 2 (Wilderness and Remote First Aid) is required if any part of the activity is located 60 minutes or more from emergency medical services.

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**

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.

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):

- Archery³
- Backpacking³
- Boating²
- Canoeing²
- Challenge Course³
- Community Events⁴
- Hayrides⁴
- Horseback Riding³
- Firearms/Gun Safety³
- Personal Watercraft²
- Watercraft Trips on Unclassified Rivers²
- Overnight with Camping¹
- Overnight without Camping
- Pedal Boating²
- Rafting²
- Rock/Wall Climbing³
- Sailing²
- Snow Skiing³
- Swimming (No Instruction)²
- Go-Carting³
- Tubing/Water Skiing²

Numbered activities require trained and/or certified personnel. Refer to boxes 1, 2 or 3 and Form #571T.

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 _____

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

3. OTHER SPECIALIZED PERSONNEL

Name _____

Certification Type* _____

Expiration Date _____

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

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 which includes a paragraph pertaining to appropriate plans for parade floats. 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.

REQUEST FOR USE OF EQUIPMENT

- Archery
- Canoes (Form #593F must be filed by canoe instructor)
- Challenge Course Equipment (TC/SW)
- Fishing Equipment
- Life Jackets
- Parachute (TC/SW & WSS)
- Pedal Boats (TC/SW & WSS)
- Pool (TC/SW & WSS) (\$.50 per person per day)
- Sailboats (TC/SW & WSS)
- Softball Equipment (TC & WSS)

Not all equipment is available at every Council site. Use of some equipment is limited to those who have been specifically trained and the activity must be approved in order to check it out.

TC=Tallchief SW=Swannie WSS=Wah-Shah-She

QUESTIONS?

CALL: 800-707-9914, Ext. 220 –or- 918-745-5220

FAX: 866-749-2556 –or- 918-749-2556

EMAIL: camps@gseok.org

FOR OFFICE USE ONLY

Date Received _____

Use Fee Paid \$ _____

Receipt # _____

Date APPROVED _____

DENIED _____

Comments: _____

