

# Activity Notification & Insurance Request Form

Are your Girl Scouts going on a trip or participating in a special activity?

Girl Scouting activities outside regular troop meetings are so important in creating a positive Girl Scouting experience! Complete this form and submit to your OCMT to let them know about your exciting plans! Don't fall under an OCMT? Let USAGSO know about your plans by submitting directly to [overseascustomer@girlscouts.org](mailto:overseascustomer@girlscouts.org).

**If you will be participating in a High Risk Activity needing council approval, need insurance for your trip, or have volunteers needing a background check, please complete this form and submit to [overseascustomer@girlscouts.org](mailto:overseascustomer@girlscouts.org) at least 2 weeks prior to the activity. You may also submit your request using our online form [HERE](#).**

Not sure if you need insurance or are participating in a High Risk Activity? See Sections 3 and 4 for more details.  
**To be completed by the Troop Leader or Girl Scout Volunteer coordinating the Activity.**

## SECTION 1 Activity / Trip Information

Activity		Destination/Location			
Describe your activity and itinerary. Additional information about your plans may also be attached separately.					
Troop or Activity Leader Name		Troop # (if applicable)	Troop Level(s) (check all that apply)		
			Daisy    Brownie    Junior    Cadette    Senior    Ambassador		
Troop or Activity Leader email		Troop or Activity Leader phone		Overseas Community	
# Girls Attending	# Tag-a-longs *	# Registered Adults attending	# Un-registered Adults Attending *	Total # Participants	
Departure/Start Date & Time		Return/End Date & Time	Name of First-Aid Certified Adult attending the trip		

**Mode of Transportation**

If traveling as a group, please check all modes of transportation that will be used. Please note that the troop/group leader is responsible for ensuring that each driver of motorized private transportation must be at least 21 years old, hold a valid driver's license, and show proof of liability insurance.

Personal Vehicles   
  Leased vehicles   
  Chartered Bus   
  Train   
  Boat   
  Plane   
  Walk   
  Other

## SECTION 2 Request for Background Checks

If this is an overnight event with volunteers who are not troop leaders, OCMT members, cookie coordinators, or Overseas Volunteer Partners, please list their names and email addresses below:

--

*Supplemental insurance is recommended for all un-registered adults and children. Please complete section 4.*

**SECTION 3**

**High Risk Activity Approval Request**

**NOT PERMITTED**

Girl Scouts can NOT participate in any of the below activities.

- Bungee jumping
- Flying in privately owned planes, helicopters, or blimps
- Hang gliding
- Untethered hot-air ballooning
- Hunting
- Snowmobiling
- Riding a motorbike
- Riding electric Scooters
- Using outdoor trampolines
- Parachuting/skydiving
- Parasailing
- Paintball tagging
- Riding all-terrain vehicles (ATVs)
- Stunt skiing
- Zorbing

**HIGH RISK ACTIVITIES**

Please check the SAC for all activities that require Council approval. Below are just some of these.

Please submit the completed form to [overseascustomer@girlscouts.org](mailto:overseascustomer@girlscouts.org)

- Backpacking & Camping
- Hayrides & Go-Karts
- Archery, Air guns, Knife throwing, & any activity involving weapons
- Offshore Water/Large Passenger Vessels
- Zip lining
- Cross-country skiing
- Downhill skiing and snowboarding
- Ice fishing
- Horseback Riding
- Aquatic climbing walls
- Indoor skydiving
- Indoor trampoline
- Scuba Diving, Snorkeling, Spelunking/Caving, Surfing, Swimming
- High elements such as zip lines, ropes, climbing walls, tree climbing, and rappelling
- Sailing, Canoeing, Kayaking, Corcl Boats, Row Boating, Standup Paddle boarding, Whitewater rafting

**Check one option below.**

We will not be participating in a High Risk Activity.

We wish to participate in a High Risk Activity (submit form to [overseascustomer@girlscouts.org](mailto:overseascustomer@girlscouts.org) for approval)

**SECTION 4**

**Supplemental Insurance Request**

**Supplemental insurance should be purchased if you meet any of these criteria:**

- 1) Going on a trip lasting more than 2 consecutive nights (or more than 3 nights if one is a US federal holiday)
- 2) Have non-registered adults and/or tag-a-longs participating in the activity
- 3) Traveling outside the country in which your troop regularly meets (international travel)

**\*Communities located in countries that require insurance (state mandated) or provide insurance (socialized) may opt out of purchasing supplemental insurance.\***

**Check one option below.**

If insurance is needed, please fill in the total number of participants needing insurance coverage and the total number of days your activity is scheduled (1 day = 24 hours) to calculate your insurance cost.

**\*\*\*\*Please note, Mutual of Omaha insurance requires a MINIMUM CHARGE of \$5.00 for any policy below.\*\*\*\***

No supplemental insurance needed (I meet none of the above criteria)

Plan 2- Accident only	Total # of Participants	x # Days	x \$0.11 =
Plan 3P- Accident and Sickness	Total # of Participants	x # Days	x \$0.70 =
Plan 3PI- International Travel	Total # of Participants	x # Days	x \$1.17 =

Once this form has been received by USAGSO, you will be contacted to provide payment for your insurance request. Please provide contact information for the person who will be paying the supplemental insurance fees.

**\*\*Please note, USAGSO must receive this insurance form at least 2 weeks prior to your activity to process.\*\***

Name of person requesting insurance

Email address (required)

**SECTION 5**

I agree that by submitting this form I have read the Volunteer Essentials Manual and the Safety Activity Checkpoints and have followed the prescribed safety standards in developing this trip. I understand that High Risk Activity Requests and Insurance Requests must be submitted to USAGSO at least 2 weeks before the activity start date by submitting this form to [overseascustomer@girlscouts.org](mailto:overseascustomer@girlscouts.org)

Signature (or printed name):

*Supplemental insurance is recommended for all un-registered adults and children. Please complete section 4.*

*If you would like your activity highlighted in an upcoming USAGSO communication please send pictures and stories of your activity by completing this form.*