

TROOP TRIP/HIGH ADVENTURE ACTIVITY FORM

This form is to be completed and filed with the Charter Organization. It is only necessary to file with the Home Office if the Troop is participating in activities identified as "Restricted Activities" in the Trail Life USA Health and Safety Guide.

- Prior to completion of this Form, all Troop Leaders and Registered Adults involved with the planning or carrying out of these
 activities should be familiar with the Trail Life USA Health and Safety Guide and be especially knowledgeable of the
 requirements and safety provisions for those activities in which the Troop will be participating.
- As set forth in the Trail Life USA Health and Safety Guide, Troop Camping requires advance submission to and the approval of the Charter Organization.
- Those activities identified in the Trail Life USA Health and Safety Guide as being "Restricted Activities" require approval by the Charter Organization and parents of youth participating <u>and</u> should be submitted to the Trail Life USA Home Office at this link https://podio.com/webforms/16765780/1149975 four weeks prior to the date of the activity.

I have read and agree to follow the provisions of the Health and Safety Guide and all other TLUSA policies during the planning and carrying out of all activities

Signature/Date	
Name of Activity	Date(s) of Activity
Location(s) of Activity: Activity Chairperson	Health and Safety Lead Adult
Emergency Troop Contact Person (not taking part in activity)	phone#
Emergency 1100p Contact Ferson (not taking part in activity)	phone#

This activity requires a High Adventure Activity Form because it is (check as many as apply to this activity. For example, if it is Troop Camping and a Restricted High Adventure Activity, both boxes should be checked):

Troop Camping

Restricted High Adventure Activity*

*Complete this section ONLY if "Restricted High Adventure Activity" is checked.

Check the applicable activities. Also, provide the specific location and contact information for outfitters or commercial providers of the activities:

Flying (non-commercial, the TLUSA Flying permit is attached) Flying (commercial)

Indoor or artificial wall rock climbing/rappelling/challenge courses Cave Exploring

Moving water kayaking/rafting/canoeing SCUBA

Outdoor rock climbing/rappelling/mountaineering Horseback Riding

Shooting Sports Skiing/Snowboarding

Snowshoeing/Cross Country Skiing Snorkeling

List the guides/outfitters/instructors that will be providing training, supervision, instruction, and/or direction in the above Restricted High Adventure Activity/Activities. Please provide names, specific locations, contact information, and emergency contact information and their website URL, if available). Use an additional sheet, if necessary. Check if attaching sheet.

All guides/outfitters/instructors should be provided with a copy of the TLUSA Child Safety and Youth Protection policies and agree to adhere to those policies except in emergency situations where adherence to such policies could result in serious injory or fatality.



	tending (For insurance a Iventure Activities.)	and liability reaso	ns, only registered yo	outh should participate	in	
Total Attendance						
Youth	Adults Leader (Males)	(F	emales)	Other Adults**		
Adult Leaders and Males	cell phone numbers					
Females						
**Other adults atte	nding, indicate by (RA) v	which are Registe	ered Adults.			
	n-registered adults do <u>n</u> nust have, at a minimum					
Who is creating Ad	tivity/Trip Plan?					
PROMOTION PLA	N					
Yahoo	Groups Calendar	Facebook	Email invite	Phone calls	Other	
TRANSPORTATIO	ON: Who is driving?					
Driver	Vehicle		Number of Seats	(incl Driver)		
Driver	Vehicle		Number of Seats	Number of Seats (incl Driver)		
Driver	Vehicle		Number of Seats	Number of Seats (incl Driver)		
Do we need a vehi	cle (truck or trailer) to h	aul equipment?	Yes	No		
If yes, what vehicle/trailer W		no will tow this?				



What is it?							
Contact Person							
Potential Safety issues/Preparation required (see TLUSA Health and Safety Guide)							
Program related equipment	:						
FACILITIES CHECKLIST	Developing the Control of the Contro	Page 14	Water	To the least	D. U.		
Map to location	Reservation/Deposit	Permits	Water	Toilets	Parking		
SUPPLIES CHECKLIST Cooking equip	Awning	Tents	Stove				
Food plan							
Manpower: People will be needed to do the following tasks							
EXPENSES							
Total Estimated ex	penses						
Estimated fee per person (Expenses ÷ number of participants)							
PLANNED SCHEDULE OF	EVENTS						
Meet up time at							
Departure time							
Other important details (e.g., what not to forget to bring or do)							

("home")

Return time to

ACTIVITIES CHECKLIST