



HIGH ADVENTURE/RESTRICTED ACTIVITY FORM

This completed form is to be filed with and approved by the Charter Organization and the Trail Life USA Home Office for those activities deemed Restricted High Adventure in the Health and Safety Guide or outlined on this form below. A copy should be provided to the parents of participating Trailmen and permission received for their participation.

- 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, this High Adventure/Restricted Activity form should be used and submitted for trips or activities that meet **any** of the following descriptions:
 1. A Troop trip or activity that will exceed the 400-mile radius from the Troop meeting place;
 2. A Troop trip or activity that involves traveling outside of the United States;
 3. A Regional/Area Camp or activity (a Regional or Area Camp is a multi-Troop camping experience that includes three or more days and/or two nights where there either 5 or more TLUSA Troops or 75 Trailmen are participating. It could be a “one-time” camping experience or a series of experiences (i.e. 3-4 daytime-only camps or 3-or more day/2-night camps);
 4. A Restricted High Adventure Activity (as indicated on the form and/or the Trail Life USA Health and Safety Guide).
- Submit this completed form to the Trail Life USA Home Office at least eight weeks prior to the scheduled date of the activity by attaching to the online form at <http://bit.ly/HighAdventureForm>.

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.

(Printed) Name and position *(SML/TML) _____ **Signature** _____ **Date** _____

Troop #: _____ 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#: _____

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



Troop Trip (over 400 miles)

International Travel

Regional/Area camp or activity

Restricted High Adventure Activity*

PURPOSE: We want to accomplish the following:

Troop Members attending (For insurance and liability reasons, only registered youth should participate in Restricted High Adventure Activities.):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Attendance:

Youth: _____ Adults Leader: (Males) _____ (Females) _____ Other Adults** _____

Adult Leaders and cell phone numbers:

Males _____

Females _____

**Other adults attending, indicate by (RA) which are Registered Adults.

IMPORTANT: Non-registered adults do not satisfy Trail Life USA's two-deep leadership requirement. Any non-registered adults must, at a minimum, read and understand the TLUSA Child Safety and Youth Protection policies before attending the activity/trip.

Who is creating Activity/Trip Plan? _____

PROMOTION PLAN: ___ Yahoo Groups Calendar ___ Facebook ___ Email invite ___ Phone calls ___ Other

TRANSPORTATION: All vehicles utilized to transport Trailmen must meet the guidelines defined in the TLUSA Health & Safety Guide (HSG), and the appropriate information must be filed with the Charter Organization prior to the activity/trip as stated in the HSG.



Driver _____ Vehicle _____ Number of Seats (include Driver) _____

Driver _____ Vehicle _____ Number of Seats (include Driver) _____

Driver _____ Vehicle _____ Number of Seats (include Driver) _____

Do we need a vehicle (truck or trailer) to haul equipment? ____ If yes, what vehicle/trailer _____

Who will tow this? _____

ACTIVITIES CHECKLIST:

What is it: _____

Contact Person: _____

Reservation/Deposit

Permits

Potential Safety issues/Preparation required (see TLUSA Health and Safety Guide)

Program related equipment:

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

- | | |
|---|--|
| <input type="checkbox"/> Flying (non-commercial, the TLUSA Flying permit is attached) | <input type="checkbox"/> Flying (commercial) |
| <input type="checkbox"/> Indoor or artificial wall rock climbing/rappelling/challenge courses | <input type="checkbox"/> Cave Exploring |
| <input type="checkbox"/> Moving water kayaking/rafting/canoeing | <input type="checkbox"/> SCUBA |
| <input type="checkbox"/> Outdoor rock climbing/rappelling/mountaineering | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Shooting Sports | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Snowshoeing/Cross Country Skiing | <input type="checkbox"/> 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 here ___ 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 injury or fatality.

FACILITIES CHECKLIST:

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Map to location | <input type="checkbox"/> Reservation/Deposit | <input type="checkbox"/> Permits |
| <input type="checkbox"/> Water | <input type="checkbox"/> Toilets | <input type="checkbox"/> Parking |

SUPPLIES CHECKLIST:

- | | | | | |
|--|---------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Cooking equip | <input type="checkbox"/> Awning | <input type="checkbox"/> Tents | <input type="checkbox"/> Stove | <input type="checkbox"/> Food plan? |
|--|---------------------------------|--------------------------------|--------------------------------|-------------------------------------|

Manpower: People will be needed to do the following tasks: _____

EXPENSES

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Estimated expenses \$ _____ Per person (Expenses ÷ number of participants) \$ _____

PLANNED SCHEDULE OF EVENTS

_____ Meet up time at _____

_____ Departure time from _____

Other important details (e.g., what not to forget to bring or do): _____

_____ Return time to _____ (“home”)

*Formerly IH/COR (SML Senior Ministry Leader, TML Troop Ministry Liaison)

