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| **CIVIL AIR PATROL HIGH ADVENTURE ACTIVITY AUTHORIZATION**  Use in conjunction with CAPF 160. Sponsoring and approving units will keep this form and supporting documents on file 2 years. | | | | | | | | | | |
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| **CAP UNIT INFORMATION** | | | | | Sponsoring CAP Unit: | | | | | |
| Activity Director / Project Officer: | | | | | Phone: | | Email: | | | |
| **ACTIVITY INFORMATION** | | | | | | | | | | |
| Primary Start Date | | Alternate Start Date | | | | | Estimated Duration | | | |
| The HAA is a stand-alone event The HAA is part of a larger activity such as an encampment. If so, please specify: | | | | | | | | | | |
| Location(s) of Activity: | | | | | Estimated Number of Cadets Participating: | | | | | |
| Type of Activity: | | | | | If “Other,” please describe: | | | | | |
| Prohibited activities include: bungee jumping, hang gliding, hunting, motorbikes, snowmobiles, ATVs, skydiving, paragliding, parasailing, scuba, stunt skiing, ultralights, and zorbing | | | | | | | | | | |
| **HOST ORGANIZATION** | | | | | Host Organization Name: | | | | | |
| Point of Contact: | | | | Phone: | | Email: | | | | |
| What are the host organization’s and/or instructor’s qualifications or certifications? Please list briefly. | | | | | | | | | | |
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| **ADULT STAFF** | | | | | How many CPP-approved senior members will be on-scene? | | | | | |
| 1. |  | |  | | | | | |  | |
| 2. |  | |  | | | | | |  | |
| 3 |  | |  | | | | | |  | |
| **OPERATING PLANS** *To complete this section, review the Girl Scout Safety Activity Checkpoints Guide* | | | | | | | | | | |
| **SAFETY ACTIVITY CHECKPOINTS.** Will you operate according to the Girl Scouts’ safety checkpoints? If not, please justify your approach. Yes No | | | | | | | | | | |
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| Have you addressed each of the Girl Scouts’ safety checkpoints on the CAPF 160? | | | | | Will you be following the Girl Scouts recommendations for safety gear? | | | | | |
| Yes No If no, please explain below. | | | | | Yes No If no, please explain below. | | | | | |
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| **ACCESSIBILITY**. Can the HAA be modified to accommodate disabled cadets? | | | | | Yes No If no, please explain below. | | | | | |
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| **PARENTS & GUARDIANS.** Is an activity briefing provided to parents? Please attach. Yes No | | | | | | | | Reminder: Signed CAPF 60-80 is required | | |
| **SCHEDULE.** Please attach a schedule for the HAA portion of your event. Be sure to include time for equipment pre-check, safety walk-through with cadets’ briefing, time for a summary conversation or reflection, and time to capture lessons learned about the risk controls. Attached Not Attached / Unavailable | | | | | | | | | | |
| **ENDORSEMENTS** | | | | | | | | | | |
| REQUESTING OFFICIAL. | | | | | | | | | | Date: |
| REVIEWING OFFICIAL. | | | | | | | | | | Date: |
| APPROVING OFFICIAL. | | | | | | | | | | Date: |
| **CAPF 60-82** ***CAP High Adventure Activity Authorization***  October 2021 OPR:CP | | | | | | | | | | |