

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.

CAP UNIT INFORMATION

Activity Director / Project Officer:

Sponsoring CAP Unit:

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.

ADULT STAFF

How many CPP-approved senior members will be on-scene?

1. On-Scene Project Officer

CAPID

Experience

2. On-Scene Deputy

CAPID

Experience

3. On-Scene Safety Officer

CAPID

Experience

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

Have you addressed each of the Girl Scouts' safety checkpoints on the CAPF 160?

Yes

No

If no, please explain below.

Will you be following the Girl Scouts recommendations for safety gear?

Yes

No

If no, please explain below.

ACCESSIBILITY. Can the HAA be modified to accommodate disabled cadets?

Yes

No

If no, please explain below.

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: