

To be completed by the Responsible Guider prior to undertaking Yellow and Red activities or International Travel Under 72 hours. See Safe Guide procedures for more information. **See Safe Guide for deadlines for submission of forms.**

**Level/Activity** (Check all that apply):  Yellow  Red  International U72 Hours  TPSP  Water Activity

Unit: 1 <sup>st</sup> Somewhere Sparks And Brownies		Today's date: March 24/18	
Activity/event/camp:		Activity start date: May 23/18 Time: 2pm	
		Activity end date: May 24/18 Time: 11:30pm	
Responsible Guider: <u>Joanne Guider</u>		iMIS #: <u>2222111</u>	
Address: <u>33 Main Street</u> <u>Somewhere</u> <u>N.S.</u>		<small>Street Town/City Prov. Postal Code</small>	
Home phone: <u>902-???-????</u> Bus. Phone: _____		Cell phone: <u>902-???-????</u>	
E-mail: <u>great guider@gmail.com</u>			
Participants are from: <u>Your District</u> <u>Your Area</u> Cost per girl: <u>\$10.00</u>		<small>District(s) Area (In Ontario community)</small>	
Anticipated # of: Sparks: <u>4</u>	Brownies: <u>5</u>	Guides: _____	Pathfinders: _____
Extra Ops: _____		Age range: _____	Supervisors: <u>2</u>
Others (specify): _____			

Adults in attendance: <small>(If additional space is needed, list additional supervisors and attach on a separate sheet. Attach a list of all adults in attendance.)</small>	iMIS #	Guider Yes	Non-Member PRC		Role: <b>first aider, substitute group leader (as required by Safe Guide)</b> ; general supervision, cooking, specific activity supervision and if applicable include copies of qualification. See Safe Guide requirements for non-members for overnights and if volunteering regularly.
			Yes	No	
Suzy Q Guider	117755	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>First aider</b> <input type="checkbox"/> Copy of certificate(s) is attached <input checked="" type="checkbox"/> Certificate is in GGC database (iMIS) <input type="checkbox"/> Health care professional Other
Emma G Guider	7285985	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Substitute group leader</b>
Cookie Guider	425858	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QM
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Home Contact Person** (when applicable – camps, day trips away from the community, travel touring, international travel, wilderness tripping, etc.)

Name: <u>Guider Owl</u> Member: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> iMIS #: <u>4789898</u>
Home phone: <u>902-???-????</u> Bus. phone: _____ If non-member A.7. submitted <input type="checkbox"/> Yes
Cell phone: <u>902-???-????</u> E-mail: <u>helperowl@gmail.com</u> Fax: _____

**Location**

Name of facility, park, trail system, lake system, etc.:	<u>Somewhere community hall</u>
If using a facility, address info has been provided on Activity Plan (SG.1) Yes <input checked="" type="checkbox"/> (must be provided)	
If tripping, general area of trip:	
Have any of the supervisors been to this location/facility/site before? Yes <input checked="" type="checkbox"/> – When? <u>February 2016</u> No <input type="checkbox"/> – How will/was information about the facility/site/area (be) obtained?	
List activities or plans related to this event/location (use information provided to parents on SG.1): <u>crafts, games, outdoor activities</u>	

**Conditional Activities** These activities have insurance conditions and the SG.5 must be signed. (See Safe Guide Appendix)

- alpine skiing/snowboarding   
  horseback riding   
  rock climbing   
  scuba diving   
  trampoline park  
 surfing at a beach or waterfront   
  whitewater rafting   
  water skiing   
  TPSP boating

Activity Planning Chart – indicate with a ✓ the factors that relate to your activity.

Factors Affecting Activity Planning	Activity Level		
	Green	Yellow	Red
<b>PEOPLE</b>			
Attending a GGC Large Group Event	<input type="checkbox"/>		
Girls in groups unaccompanied during a portion of an event (See Key Terms)*		<input type="checkbox"/>	
Use of a Third Party Service Provider (see Key Terms) Refer to the Third Party Service Provider Activity Guide			
<b>PLACE</b>			
<b>Transportation:</b>			
Arranged by unit using public transportation (transit, taxi, bus, charter bus, train, ferry, commercial boat tours)	<input checked="" type="checkbox"/>		
Renting a vehicle (car, van, truck)		<input type="checkbox"/>	
Riding on a float in a parade, hayrides, sleigh rides		<input type="checkbox"/>	
Commercial air travel			<input type="checkbox"/>
<b>Location of activity:</b>			
Regular unit meeting place	<input type="checkbox"/>		
Private home or community / public location (e.g., fire station, library, park)	<input checked="" type="checkbox"/>		
<b>ENVIRONMENT</b>			
EMS response time: (See Key Terms)			
EMS response available within 30 mins	<input checked="" type="checkbox"/>		
EMS response 30 mins up to 1 hour		<input type="checkbox"/>	
EMS response time greater than 1 hour and less than 4 hours			<input type="checkbox"/>
EMS response time greater than 4 hours			<input type="checkbox"/>
<b>Food preparation:</b>			
Preparing food / cooking in typical kitchen	<input checked="" type="checkbox"/>		
Girls cooking on a camp stove, campfire or BBQ		<input type="checkbox"/>	
<b>Equipment: (See Key Terms)</b>			
Ordinary equipment	<input checked="" type="checkbox"/>		
Specialized equipment		<input type="checkbox"/>	
Power equipment			<input type="checkbox"/>
<b>ACTIVITY</b>			
<b>Situation specific:</b>			
Activity takes place overnight (regardless of duration)		<input checked="" type="checkbox"/>	
Adventure activities (See Key Terms)			<input type="checkbox"/>
<b>Water Activities:</b>			
Swimming/boating in a public pool or waterpark where the facility provides aquatic supervision (Refer to the Swimming Planning Guide)	<input type="checkbox"/>		
Other water activities (swimming or boating) Refer to the Swimming or Boating Planning Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Travel/International Travel:</b>			
Travel touring in Canada 72 hours or more (See Key Terms)			<input type="checkbox"/>
International travel (crossing the border) under 72 hours. Refer to the International Travel Under 72 Hours Activity Guide		under 72 hrs <input type="checkbox"/>	

### Forms for Activity Acknowledgement /Approval

The following documents are attached:  
 Activity Plan (SG.1)  
 Emergency Response Plan (SG.4)

As required the following are also attached:  
 Water Activity Plan (WA.1) if required  
 Activity Facilitator Certification or Qualifications  
 Waiver (SG.5) if adventure\* or a conditional activity\*.  
 Itinerary and/or Adventure Activity Trip Plan (SG. 6) if relevant

### For Third Party Service Provider\* activities include:

Third Party Service Provider Interview Checklist (SG.7)  
 Information about the TPSP is attached OR TPSP web address \_\_\_\_\_

### Parent/Guardian Permission

The following forms have been completed and provided to parents/guardians:  
 Activity Planning form (SG.1)  
 Parent/Guardian Permission (SG.2) with additional details about the activity as necessary.  
 Waiver (SG.5) if adventure\* or a conditional activity\*  
 Personal Health Form (H.1)

\*See Key Terms in Safe Guide for definitions of these terms.

I will coordinate the Safe Guide procedures for this activity taking place on (date): May 23-24/18

At (Location as listed on page 1 of this form): Somewhere Community Hall

Signature of Responsible Guider: \_\_\_\_\_ Date: March 24/18

iMIS number 2222111 If iMIS number is included, a signature is not required if this form is submitted by e-mail.

### Acknowledgement:

<b>Yellow Activities</b>
The Activity Assessor has received the relevant forms listed above (and any other documents she requested). We received notification she is aware of our plans.
Name of assessor: _____
Acknowledgement received by: <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Letter
Date received: _____
Attach copy if E-mail, Fax or Letter

### Approval:

<b>Red Activities and International U72 Hours</b>
The Activity Assessor has received relevant forms listed above, including attachments; has reviewed the materials and gives approval to proceed as planned.
Name of assessor: _____
Signature of Activity Assessor _____
Phone: _____ Date approved: _____
E-mail: _____