

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: 100 th Red River Brownies		Today's date: September 2, 2016	
Activity/event/camp: It's A Small World Camp		Activity start date: Sept 23/16 Time: 6:00 pm	
		Activity end date: Sept 24/16 Time: 1:00pm	
Responsible Guider: Penny Anderson		iMIS #: 223454	
Address: 444 Main Street Red River Alberta R3R4J5			
<small>Street</small>		<small>Town/City</small>	<small>Prov.</small>
Home phone: 403-222-2222		Bus. Phone: n/a	Cell phone: 403-622-2222
E-mail: greatguider@show.ca			
Participants are from: Rosy District		Parkland Area	Cost per girl: \$45.00 plus GST
<small>District(s)</small>		<small>Area (In Ontario community)</small>	
Anticipated # of: Sparks:	Brownies: 24	Guides:	Pathfinders:
			Rangers: 1
Extra Ops:	Age range:	Supervisors: 6	
Others (specify):	4 year old daughter of supervisor		

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		Non-Member PRC		Role: first aider, substitute group leader (as required by Safe Guide); 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	Yes	No	
Paula Booker	222334	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aider <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
Patsy Carmichael	333445	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substitute group leader
Priscilla Donald	444556	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	program
Pam Eagle	555667	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	program, second first aider
Paige Fortune	666778	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cook
		<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: Pheobe Gallop Member: yes no iMIS #: 888990

Home phone: 403-333-4445 Bus. phone: n/a If non-member A.7. submitted Yes

Cell phone: 403-666-4445 E-mail: galloggirl@show.ca Fax: n/a

Location

Name of facility, park, trail system, lake system, etc.: GGC: Camp Lotsafun

If using a facility, address info has been provided on Activity Plan (SG.1) Yes (must be provided)

If tripping, general area of trip: n/a

Have any of the supervisors been to this location/facility/site before? Yes – When? 2015
 No – 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):
 sleeping on bunks, outdoor games, hikes, mini golf, crafts, cooking over a fire, swimming at the community pool, walking to the pool, chartered bus to and from camp.

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

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
PEOPLE			
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			
PLACE			
Transportation:			
Arranged by parent/guardian	<input type="checkbox"/>		
Arranged by unit using public transportation (transit, taxi, bus, charter bus, train, ferry, commercial boat tours)	<input checked="" type="checkbox"/>		
Arranged by unit using personal vehicle or rented vehicle (car, van, truck)		<input type="checkbox"/>	
Commercial air travel			<input type="checkbox"/>
Location of activity:			
Regular unit meeting place	<input type="checkbox"/>		
Private home or community / public location (e.g., fire station, library, park)	<input type="checkbox"/>		
ENVIRONMENT			
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"/>
Food preparation:			
Preparing food / cooking in typical kitchen	<input checked="" type="checkbox"/>		
Girls cooking on a camp stove, campfire or BBQ		<input checked="" type="checkbox"/>	
Equipment: (See Key Terms)			
Ordinary equipment	<input checked="" type="checkbox"/>		
Specialized equipment		<input type="checkbox"/>	
Power equipment			<input type="checkbox"/>
ACTIVITY			
Situation specific:			
Activity takes place overnight (regardless of duration)		<input checked="" type="checkbox"/>	
Adventure activities (See Key Terms)			<input type="checkbox"/>
Water Activities:			
Swimming/boating in a public pool or waterpark where the facility provides aquatic supervision (Refer to the Swimming Planning Guide)	<input checked="" 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"/>
Travel/International Travel:			
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 www.southland.ca

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): October 1-3, 2016

At (Location as listed on page 1 of this form): GGC Camp LotsaFun

Signature of Responsible Guider: _____ Date: September 2, 2016

iMIS number 223454 If iMIS number is included, a signature is not required if this form is submitted by e-mail.

Acknowledgement:

Yellow Activities

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:
 Phone In person E-mail Fax Letter

Date received: _____

Approval:

Red Activities and International U72 Hours

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: _____



Attach copy if E-mail, Fax or Letter

E-mail:

SAMPLE