

Level/Activity: Yellow Red Third Party Service Provider (swimming only)

Unit		Today's Date:	
Activity/event/camp		Date(s) of Water activity:	
Responsible Guider			

PART A: TO BE COMPLETED FOR ALL SWIMMING ACTIVITIES

Type: Swimming Swimming with PFDs Snorkeling Surfing Tubing Scuba
 GGC supervised pool OR Backyard/hotel pool OR Waterfront type: Established Non-established
Other (describe) _____

Name of the facility/body of water where the activity will take place : _____

Description of the area (e.g. approximate depth, size of area, pool/lake/river, etc.) Provide complete details:

Length of session: # of days _____ # hours/day _____ Instructional activity: Yes No

Swim Test: A swim test has been or will be conducted with all participants who are not exempt or have previously completed Yes Test Dates(s): _____

Advanced Swim Test: A swim test has been or will be conducted with all participants who are not exempt or have previously completed Yes Test Dates(s): _____

Aquatic Supervisors

For GGC supervised swimming list the names and roles of aquatic supervisors, attach photocopies/scans of qualifications (e.g. NLS) experience and reference letters as required. For TPSP, attach information about the TPSP (website link, brochure etc.)

Name	Role (lifeguard, water front director etc.)

PART B: TO BE COMPLETED FOR GGC MANAGED BOATING (this form is not required if using a TPSP)
Type: Canoeing Kayaking Pool training session Sailing Power boating Cruiser/houseboat
 *Water skiing (*Conditional Activities. See appendix B for insurance requirements)

Other (describe) _____

Length of session: # of days _____ # hours /day _____ Instructional activity? Yes No

Adventure Camping or Tripping Yes (route map attached) No

Description of Activity and Area for boating

Name of the area/body of water where the activity will take place : _____

Description of the area (e.g. approximate depth, size of pond /lake/river, type of shoreline etc.). Provide complete details.

A PFD check for boating OR swim test has been or will be conducted with all participants (girls and adults) as required.

 Yes Check Date: _____

Boating Activity Facilitators

Attach photocopies/scans of qualifications, documented trainings, experience and reference letters as required

Name	Qualifications/training

Preparation for Boating

Boating Safety: A pre-boating session on safety will be given by whom? _____
 For Open Water Red level boating, participants skills and rescue session
 has been or will be conducted: Yes Session Date: _____

Communication Methods (cell phone, satellite phone, walkie-talkies, voice, hand signal, etc.)

- Between boats, explain _____
- Boat to shore, explain _____
- Shore to EMS, explain _____
- Other, please explain _____

Marine / Weather Forecast: is available: yes no

If yes, will be checked just prior (within 1 hour) to going, by whom? _____

Emergency Services: Local police/coast guard/park authority will be notified of the event: yes no

If yes, by whom? _____

If no, why not? _____