

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: <u>8th Loon Lake Girl Guides</u>		Today's date: <u>November 17th, 2019</u>	
Activity/event/camp: <u>Winter Wonderland Camp</u>		Activity start date: <u>Dec. 6th, 2019</u> Time: <u>5pm</u>	
		Activity end date: <u>Dec. 8th, 2019</u> Time: <u>4pm.</u>	
Responsible Guider: <u>Mary Jane Winters</u>		iMIS #: <u>2245689</u>	
Address: <u>12 Lakeside Drive</u>	<u>Loon Lake</u>	<u>AB</u>	<u>T7L7G1</u>
<small>Street</small>	<small>Town/City</small>	<small>Prov.</small>	<small>Postal Code</small>
Home phone: <u>780.125.6729</u>	Bus. Phone: _____	Cell phone: <u>780.125.4488</u>	
E-mail: <u>mjwinter@gmail.com</u>			
Participants are from: <u>Timber District</u>		<u>Parkland</u>	Cost per girl: <u>\$42</u>
<small>District(s)</small>		<small>Area (In Ontario community)</small>	
Anticipated # of: Sparks:	Brownies: <u>1</u>	Guides: <u>23</u>	Pathfinders: _____
			Rangers: _____
Extra Ops: _____		Age range: _____	Supervisors: <u>4</u>
Others (specify): _____			

Adults in attendance: (If additional space is needed, list additional supervisors and attach on a separate sheet. Attach a list of all adults in attendance.)	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		
Samantha Camper	558877	<input checked="" 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
Patty Summers	336987	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substitute group leader
Pamela Donald	215487	<input checked="" type="checkbox"/>	<input 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"/>	<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>Patsy Parker</u>	Member: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	iMIS #: <u>3698526</u>
Home phone: <u>780.878.1258</u>	Bus. phone: _____	If non-member A.7. submitted <input checked="" type="checkbox"/> Yes
Cell phone: <u>780.787.1258</u>	E-mail: <u>parker.p@shaw.ca</u>	Fax: _____

Location

Name of facility, park, trail system, lake system, etc.:	<u>Camp Sparrowhawk</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>2017@ OAL tent training</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): The girls will enjoy outdoor games, try their hand at building snow forts as well as snowshoeing. Weather permitting we will roast weiners and marshmallows on a fire at lunch time and do some star gazing if the night sky permits.	

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
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 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"/>
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 type="checkbox"/>		
EMS response 30 mins up to 1 hour		<input checked="" 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 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 [Northland Bus.com](http://NorthlandBus.com)

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): Dec. 6-8, 2019

At (Location as listed on page 1 of this form): Camp Sparrowhawk 283061 Highway 41

Signature of Responsible Guider: _____ Date: November 17, 2019

iMIS number 2245689 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: _____

Attach copy if E-mail, Fax or Letter

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: _____

E-mail: _____