

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

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

Unit: 1 <sup>st</sup> Layer Cake Guide Unit		Today's date:	
Activity/event/camp: Camp Skills With Canoeing		Activity start date:	Time: 10am
		Activity end date:	Time: 4pm
Responsible Guider:	Mary Jane Winters	iMIS #:	348902
Address:	12 Lakeside Drive	Lake Country	BC V0K 1H1
	Street Code	Town/City	Prov. Postal
Home phone:	Bus. Phone:	Cell phone:	250-123-4895
E-mail:	mjwinter@gmail.com		
Participants are from:	Layer Cake	Monashee	Cost per girl: \$5
	District(s)	Area (In Ontario community)	
Anticipated # of:	Sparks:	Brownies:	Guides: 16 Pathfinders: Rangers:
Supervisors: 3	Extra Ops/Trex:	Age range: 9-12	Others (specify):

Adults in attendance <small>List all supervisors and adults attending. Attach a separate sheet if needed.</small>	Attending full event?		iMIS #	Guider	Non-Member PRC		Role <b>First aider, substitute group leader (required by Safe Guide)</b> , general supervision, cooking, specific activity supervision. If applicable, include copies of qualification. See Safe Guide requirements for non-members for overnights and if volunteering regularly.
	Yes	No			Yes	No	
Samantha Camper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	558877	<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
Patty Summers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5598402	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Substitute group leader</b>
Patty Summers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5598402	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canoeing activity facilitator
	<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:	Member: Yes <input type="checkbox"/> No <input type="checkbox"/>	iMIS #:
Home phone:	Bus. phone:	If non-member A.7. submitted <input type="checkbox"/>
Cell phone:	E-mail:	Fax:

**Location**

Name of facility, park, trail system, lake system, etc.:	Camp Arbucle
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?	2020

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): We will be practicing our camp, outdoor, and Be Prepared skills at Camp Arbuckle. Activities will include intro canoe skills, compass skills, fire building, nature observations, knots, and basic first aid.

\*This event is subsidized using cookie money.

**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.

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

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*		<input type="checkbox"/>	
Use of a Third Party Service Provider*			
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 type="checkbox"/>		
Renting a vehicle (car, van, truck)		<input type="checkbox"/>	
Walking in a parade	<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>			
<b>EMS response time*:</b>			
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 type="checkbox"/>		
Girls cooking on a camp stove, campfire or BBQ		<input checked="" type="checkbox"/>	
<b>Equipment*</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 type="checkbox"/>	
Adventure activities*			<input type="checkbox"/>
<b>Water Activities: (refer to the Swimming or Boating Planning Guide)</b>			
Swimming/boating in a public pool or waterpark where the facility provides aquatic supervision	<input type="checkbox"/>		
Other water activities (swimming or boating)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Travel/International Travel:</b>			
Travel touring in Canada 72 hours or more*			<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 list:**

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

**Parent/Guardian Permission forms**  
 Complete the following forms and give 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)

I will coordinate the Safe Guide procedures for this activity taking place on: \_\_\_\_\_ at: Camp Arbuckle  
 iMIS number: 348902 date \_\_\_\_\_ location listed on page 1 of this form

Signature of Responsible Guider: \_\_\_\_\_ Date: \_\_\_\_\_  
*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: <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:****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.

<b>Name of assessor:</b> _____
Signature of Activity Assessor: _____
Phone: _____ Date approved: _____
E-mail: _____