

To be completed by the Responsible Guider prior to undertaking Yellow and Red activities or International Travel Under 72 hours.

Attention BC, NB, NL, NS, ON and PEI Guiders!

Do not fill out this form. You will complete the SG.3 form in the GGC portal.
Complete all other required forms and have them ready for upload to the GGC Portal.

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

Unit: Layer Cake Guide Unit		Today's date: 9/1/2022
Activity/event/camp: Camp skills day with canoeing		Cost per girl: \$
Start date & time: 9/18/2022 at 10 a.m.		End date & time: 9/18/2022 at 4 p.m.
Responsible Guider: Mary Jane Winters (aka Sunflower)		iMIS #: 123456
Home phone: 250 123 4567	Cell phone: 778 123 4567	Bus. phone:
E-mail: mjwinter@email.com		
Participants are from: District Layer Cake and Area: Monashee or Admin Community		
Anticipated # of Participants		
Sparks: <input type="checkbox"/> Brownies: <input type="checkbox"/> Guides: 16 Pathfinders: <input type="checkbox"/> Rangers: <input type="checkbox"/> Extra Ops/Trex:		
# of non-member children (i.e. staff children): Must be included in ratio	# of Supervisors: 3	Other adults (specify):
List activities or plans related to this activity (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.		

Role (First aider, substitute group leader, supervision, activity facilitator, cook, etc.).	Adults in attendance List all supervisors and adults attending. Attach a separate sheet if needed.	iMIS #	Attending full event?		Guider	Non-Member PRC	
			Yes	No		Yes	No
First aider	Samantha First	987654	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copy of certificate(s) attached <input checked="" type="checkbox"/> Certificate is in iMIS <input type="checkbox"/> Health care professional Other:							
Substitute group leader	Patty Last	567890	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See Safe Guide requirements for non-members for overnights and if volunteering regularly.

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

Name: First and last name	Member: Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	iMIS #: 12345678
Home phone: 250 111 2222	Bus. phone: _____	Cell phone: 778 111 2222
E-mail: hcp@email.com	If non-member has A.7 been submitted <input checked="" type="checkbox"/> Yes (required)	

Location

Name of facility, park, trail system, lake system, etc.: Camp Arbuckle 4750 Carrs Landing Rd. Lake Country, BC V4V 1C5
If using a facility, address info has been provided on Activity Plan (SG.1) Yes <input checked="" type="checkbox"/> (must be provided)

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For complete details, see our Privacy Statement at www.girlguides.ca or contact your provincial office or the national office for a copy.*

If tripping, general area of trip:

Have any of the supervisors been to this location/facility/site before? Yes – When? Month and year

No – How will/was information about the facility/site/area (be) obtained?

Activity Planning Chart – indicate with a üthe 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
PEOPLE			
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 in Safe Guide		
PLACE			
Transportation:			
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"/>
Location of activity:			
Regular unit meeting place	<input type="checkbox"/>		
Private home or community / public location (e.g., fire station, library, park, campground)	<input type="checkbox"/>		
ENVIRONMENT			
EMS response time: (See Key Terms in Safe Guide)			
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:			
Campfire with no cooking	<input type="checkbox"/>		
Preparing food / cooking in typical kitchen	<input type="checkbox"/>		
Sparks/Brownies/Guides - cooking on a camp stove, campfire or BBQ		<input checked="" type="checkbox"/>	
Pathfinders/Rangers - cooking on a camp stove, campfire or BBQ	<input type="checkbox"/>		
Equipment: (see Key Terms in Safe Guide)			
Ordinary equipment	<input type="checkbox"/>		
Specialized equipment		<input type="checkbox"/>	
Power equipment			<input type="checkbox"/>
ACTIVITY			
Situation specific:			
Activity takes place overnight (regardless of duration)		<input type="checkbox"/>	
Adventure activities*			<input type="checkbox"/>
Water Activities: (refer to Swimming or Boating Planning Guide)			
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"/>
Travel/International Travel:			
Travel in Canada 72 hours or more*			<input type="checkbox"/>

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International travel under 72 hours.	Refer to the International Travel Under 72 Hours Activity Guide
International travel 72 Hours or more	Refer to the International Travel 72 Hours or More Planning Guide

Conditional Activities

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Alpine skiing/snowboarding | <input type="checkbox"/> Boasting with TPSP | <input type="checkbox"/> Helicopter travel |
| <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Rock climbing on natural rock face | <input type="checkbox"/> Scuba diving in pool |
| <input type="checkbox"/> Surfing at a beach or waterfront | <input type="checkbox"/> Trampoline park | <input type="checkbox"/> Waterskiing |
| <input type="checkbox"/> Whitewater rafting | | |

Forms list:

Activity Acknowledgement or 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 Activity* or a Conditional Activity*
- Personal Health Form (H.1)

As Responsible Guider, I will coordinate the Safe Guide procedures for the activity described on this form.

Signature: _____

Date: _____

iMIS #: _____ 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 Letter

Date received: _____

Attach copy if E-mail 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: _____