

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: 18 th Red Lake Girl Guides		Today's date: November 14, 2018	
Activity/event/camp: Winter Wonderland Camp		Activity start date: 11/30/18 Time: 6:00 pm	
		Activity end date: 12/02/18 Time: 2:00 pm	
Responsible Guider: Sally Snowflake		iMIS #: 4578206	
Address: 212 Forest Street		Red Lake AB T3K 6T4	
<small>Street</small>		<small>Town/City</small> <small>Prov.</small> <small>Postal Code</small>	
Home phone: 780.487.6688		Bus. Phone: _____ Cell phone: 780.487.8809	
E-mail: snowflake@shaw.ca			
Participants are from: Timber		Tamarac	
<small>District(s)</small>		<small>Area (In Ontario community)</small>	
Anticipated # of: Sparks:		Brownies:	
Guides: 21		Pathfinders:	
Rangers: 1		Supervisors: 4	
Extra Ops:		Age range:	
Others (specify): 6 year old leader's daughter			

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 Yes	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	
Margie Smith	84579611	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aider <input checked="" type="checkbox"/> Copy of certificate(s) is attached <input type="checkbox"/> Certificate is in GGC database (iMIS) <input type="checkbox"/> Health care professional Other
Pamela Wood	84457911	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substitute group leader
Christine Jolly	85858574	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	camp 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: Peter Snowflake	Member: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	iMIS #: 56568989
Home phone: 780.487.6688	Bus. phone: _____	If non-member A.7. submitted <input checked="" type="checkbox"/> Yes
Cell phone: 780.487.8808	E-mail: snowflake.p@shaw.ca	Fax: _____

Location

Name of facility, park, trail system, lake system, etc.:	Camp Sleepy Hollow
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? Oct. 2017 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): Sleeping in bunks in bunkhouse, snow shoeing, building snow forts, weiner roast on outdoor fire, indoor and outdoor games, crafts. Charter 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
 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 www.northlandbus.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): Nov. 30, 2018 - Dec. 2, 2018

At (Location as listed on page 1 of this form): Camp Sleepy Hollow; Small Town AB

Signature of Responsible Guider: _____ Date: Nov. 14, 2018

iMIS number 4578206 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: _____