

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: _____		Today's date: _____	
Activity/event/camp: Co-Op Camp 2021		Activity start date: Sept 24, 2021 Time: 6:00 pm	
		Activity end date: Sept 26, 2021 Time: 12 noon	
Responsible Guider: _____		iMIS #: _____	
Address: _____			
<small>Street</small>		<small>Town/City</small>	
<small>Prov.</small>		<small>Postal Code</small>	
Home phone: _____		Bus. Phone: _____	
		Cell phone: _____	
E-mail: _____			
Participants are from: <u>Guiding &amp; Scouting in Ontario</u>		Cost per girl: _____	
<small>District(s)</small>		<small>Area (In Ontario community)</small>	
Anticipated # of: Sparks:	Brownies:	Guides:	Pathfinders:
			Rangers:
Extra Ops: _____		Age range: _____	
Others (specify): _____		Supervisors: _____	

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 Yes No		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.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>First aider</b> <input type="checkbox"/> Copy of certificate(s) is attached <input type="checkbox"/> Certificate is in GGC database (iMIS) <input type="checkbox"/> Health care professional Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Substitute group leader</b>
		<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"/>	

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

Name: \_\_\_\_\_ Member: yes  no  iMIS #: \_\_\_\_\_

Home phone: \_\_\_\_\_ Bus. phone: \_\_\_\_\_ If non-member A.7. submitted  Yes

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Location**

Name of facility, park, trail system, lake system, etc.: Scouts Canada Camp Manitou

If using a facility, address info has been provided on Activity Plan (SG.1) Yes  (must be provided)

If tripping, general area of trip: \_\_\_\_\_

Have any of the supervisors been to this location/facility/site before? Yes  – When? \_\_\_\_\_  
 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):  
Team Building co-operative games, as well as karaoke, a dance and a movie.

**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  
 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
<b>PEOPLE</b>			
Attending a GGC Large Group Event	<input checked="" 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			
<b>PLACE</b>			
<b>Transportation:</b>			
Arranged by parent/guardian	<input checked="" type="checkbox"/>		
Arranged by unit using public transportation (transit, taxi, bus, charter bus, train, ferry, commercial boat tours)	<input type="checkbox"/>		
Arranged by unit using personal vehicle or rented vehicle (car, van, truck)		<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 type="checkbox"/>		
<b>ENVIRONMENT</b>			
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"/>
<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: (See Key Terms)</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 checked="" type="checkbox"/>	
Adventure activities (See Key Terms)			<input type="checkbox"/>
<b>Water Activities:</b>			
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"/>
<b>Travel/International Travel:</b>			
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 \_\_\_\_\_

**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): Sept. 24-26, 2021

At (Location as listed on page 1 of this form): Camp Manitou Scout Camp

Signature of Responsible Guider: \_\_\_\_\_ Date: \_\_\_\_\_

iMIS number \_\_\_\_\_ 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: \_\_\_\_\_