

ACTIVITY NOTIFICATION or AUTHORIZATION (SG.3)

For Guiders and Assessors Page 1 of 2

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 iMIS #: _____ Responsible Guider: Address: Town/City Postal Code Home phone: Bus. Phone: Cell phone: E-mail: Participants are from: Guiding & Scouting in Ontario Cost per girl: Area (In Ontario community) Anticipated # of: Sparks: Brownies: Guides: Pathfinders: Rangers: Supervisors: Extra Ops: Age range: Others (specify): Role: first aider, substitute group leader (as required by Safe Guide); general supervision, cooking, specific Non-Adults in attendance: activity supervision and if applicable include copies of Member (If additional space is needed, list additional qualification. Guider PRC iMIS# supervisors and attach on a separate sheet. Attach See Safe Guide requirements for non-members for a list of all adults in attendance.) Yes Yes No overnights and if volunteering regularly. First aider ☐ Copy of certificate(s) is attached ☐ Certificate is in GGC database (iMIS) Health care professional Other Substitute group leader Home Contact Person (when applicable – camps, day trips away from the community, travel touring, international travel, wilderness tripping, etc.) Member: yes ☐ no ☐ iMIS #: Name: Bus. phone: Home phone: If non-member A.7. submitted Yes Cell phone: E-mail: 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)

rock climbing

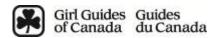
water skiing

scuba diving

TPSP boating

□ alpine skiing/snowboarding □ horseback riding

surfing at a beach or waterfont \(\square\) whitewater rafting



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Activity Planning Chart – indicate with a ✓ the factors	Activity Level				
Factors Affecting Activity Planning	Green	Yellow	Red	Forms for Activity Acknowledgement /Approval	
PEOPLE Attending a GGC Large Group Event				The following documents are attached:	
Girls in groups unaccompanied during a portion of an event				Activity Plan (SG.1)	
(See Key Terms)* Use of a Third Party Service Provider (see Key Terms)				☐ Emergency Response Plan (SG.4)	
Refer to the Third Party Service Provider (see Key Terms)				As required the following are also attached:	
PLACE				☐ Water Activity Plan (WA.1) if required	
Transportation:	<u> </u>			☐ Activity Facilitator Certification or Qualifications	
Arranged by parent/guardian Arranged by unit using public transportation (transit, taxi, bus,				☐ Waiver (SG.5) if adventure* or a conditional	
charter bus, train, ferry, commercial boat tours)				activity*.	
Arranged by unit using personal vehicle or rented vehicle (car, van, truck)				☐ Itinerary and/or Adventure Activity Trip Plan	
Commercial air travel				(SG. 6) if relevant	
Location of activity:				For Third Party Service Provider*	
Regular unit meeting place				activities include:	
Private home or community / public location (e.g., fire station, library, park)				☐ Third Party Service Provider Interview	
ENVIRONMENT				Checklist (SG.7)	
EMS response time: (See Key Terms)				☐ Information about the TPSP is attached OR	
EMS response available within 30 mins EMS response 30 mins up to 1 hour				TPSP web address	
EMS response time greater than 1 hour and less than 4 hours				Parent/Guardian Permission	
EMS response time greater than 4 hours				The following forms have been completed and	
Food preparation:				provided to parents/guardians:	
Preparing food / cooking in typical kitchen Girls cooking on a camp stove, campfire or BBQ				☐ Activity Planning form (SG.1)	
Equipment: (See Key Terms)				☐ Parent/Guardian Permission (SG.2) with	
Ordinary equipment				additional details about the activity as	
Specialized equipment				necessary. Waiver (SG.5) if adventure* or a conditional	
Power equipment ACTIVITY				activity*	
Situation specific:				Personal Health Form (H.1)	
Activity takes place overnight (regardless of duration)					
Adventure activities (See Key Terms) Water Activities:					
Swimming/boating in a public pool or waterpark where the					
facility provides aquatic supervision (Refer to the Swimming Planning Guide)					
Other water activities (swimming or boating) Refer to the Swimming or Boating Planning Guide Travel/International Travel:					
Travel touring in Canada 72 hours or more (See Key Terms)					
International travel (crossing the border) under 72 hours. Refer	ur	under 72 hrs □			
to the International Travel Under 72 Hours Activity Guide					
See Key Terms in Safe Guide for definitions of the	se terms	5.			
I will coordinate the Safe Guide procedures for this a	•	• .	e on (d	ate): <u>Sept. 24-26, 2021</u>	
At (Location as listed on page 1 of this form): Camp Manito	ou Scout	Camp			
Signature of Responsible Guider: Date:					
iMIS number If iMIS number is	included	d, a signa	iture is i	not required if this form is submitted by e-mail.	
cknowledgement:		Appro			
			Red Activities and International U72 Hours		
he Activity Assessor has received the relevant forms listed		The Activity Assessor has received relevant forms listed above,			
bove (and any other documents she requested). We		including attachments; has reviewed the materials and gives			
eceived notification she is aware of our plans.		approval to proceed as planned.			
lame of assessor:	Name of assessor			r:	
acknowledgement received by:		Signature of Activity Assessor			
☐ Phone ☐ In person ☐ E-mail ☐ Fax ☐ Letter					
Date received:	F	hone:		Date approved:	
attach copy if E-mail, Fax or Letter	E	-mail:			