

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 2022		Activity start date: Sept 30, 2022 Time: 6:00 pm	
		Activity end date: Oct 2, 2022 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 & 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:	Supervisors:
Others (specify): _____			

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"/>	First aider <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"/>	Substitute group leader
		<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 <input type="checkbox"/> no <input type="checkbox"/>	iMIS #: _____
Home phone: _____	Bus. phone: _____	If non-member A.7. submitted <input type="checkbox"/> 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 <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 type="checkbox"/> – When? 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): 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)

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> alpine skiing/snowboarding | <input type="checkbox"/> horseback riding | <input type="checkbox"/> rock climbing | <input type="checkbox"/> scuba diving |
| <input type="checkbox"/> surfing at a beach or waterfront | <input type="checkbox"/> whitewater rafting | <input type="checkbox"/> water skiing | <input type="checkbox"/> 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 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			
PLACE			
Transportation:			
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"/>
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 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 _____

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. 30-Oct 2, 2022

 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: _____