

To be completed by the Responsible Guider prior to undertaking Yellow and Red activities or International Travel Under 72 hours.  
**See Safe Guide for procedures and deadlines for submission of forms.**

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

Unit: 1st Somewhere Sparks And Brownies			Today's date: March 1/22		
Activity/event/camp: The Girls Will Be Doing Assorted Crafts And Activities Focused On Earth Day			Activity start date: Mar 19/22 Time: 2pm		
			Activity end date: Mar 20/22 Time: 11am		
Responsible Guider: Joanne Guider			iMIS #: 22221111		
Address: 123 Main Street		Somewhere		N.S.	
Street		Town/City		Prov. Postal Code	
Home phone: 902-???-????		Bus. Phone: 902-???-????		Cell phone: 902-???-????	
E-mail: greatguider@gmail.com					
Participants are from: Your District		Your Area		Cost per girl: \$10.00	
District(s)		Area (In Ontario community)			
Anticipated # of: Sparks: 4		Brownies: 5		Guides: Pathfinders: Rangers:	
Supervisors: 2		Extra Ops/Trex:		Age range: Others (specify):	

Adults in attendance <small>List all supervisors and adults attending. Attach a separate sheet if needed.</small>	Attending full event?		iMIS #	Guider		Non-Member PRC		Role <b>First aider, substitute group leader (required by Safe Guide),</b> general supervision, cooking, specific activity supervision. <small>If applicable, include copies of qualification. See Safe Guide requirements for non-members for overnights and if volunteering regularly.</small>
	Yes	No		Yes	No	Yes	No	
Susy Q Guider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1234567	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>First aider</b> <input type="checkbox"/> Copy of certificate(s) is attached <input checked="" type="checkbox"/> Certificate is in GGC database (iMIS) <input type="checkbox"/> Health care professional Other
Emma G Guider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8910111	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Substitute group leader</b>
Cookie Guider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1314151	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QM
	<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: Guider Owl	Member: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	iMIS #: 33334444
Home phone: 902-???-????	Bus. phone: _____	If non-member A.7. submitted <input type="checkbox"/> Yes
Cell phone: 902-???-????	E-mail: helperowl@gmail.com	Fax: _____

**Location**

Name of facility, park, trail system, lake system, etc.: <u>Somewhere Community Hall</u>
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? November Yes <input checked="" type="checkbox"/> – When? <u>2019</u> 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): _____

**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

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at [www.girlguides.ca](http://www.girlguides.ca) or contact your provincial office or the national office for a copy.

Activity Planning Chart – indicate with a ✓ the 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
<b>PEOPLE</b>			
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			
<b>PLACE</b>			
<b>Transportation:</b>			
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"/>
<b>Location of activity:</b>			
Regular unit meeting place	<input checked="" type="checkbox"/>		
Private home or community / public location (e.g., fire station, library, park)	<input type="checkbox"/>		
<b>ENVIRONMENT</b>			
<b>EMS response time*:</b>			
EMS response available within 30 mins	<input 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"/>
<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*</b>			
Ordinary equipment	<input 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*			<input type="checkbox"/>
<b>Water Activities: (refer to the Swimming or Boating Planning Guide)</b>			
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 type="checkbox"/>	<input type="checkbox"/>
<b>Travel/International Travel:</b>			
Travel touring in Canada 72 hours or more*			<input type="checkbox"/>
International travel (crossing the border) under 72 hours.			<input type="checkbox"/>
Refer to the International Travel Under 72 Hours Activity Guide	under 72 hrs <input type="checkbox"/>		

**Forms list:**

**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)  
 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\* or a conditional activity\*  
 Personal Health Form (H.1)

I will coordinate the Safe Guide procedures for this activity taking place on: March 19/22 at: Somewhere C ommunity Hall  
 iMIS number: 22221111 date \_\_\_\_\_ location listed on page 1 of this form  
 Signature of Responsible Guider: \_\_\_\_\_ Date: \_\_\_\_\_  
 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: \_\_\_\_\_

