

To be completed by the Responsible Guider prior to undertaking Yellow and Red activities or International Travel Under 72 hours.

Guiders – Keep this form and submit as part of the Safe Guide Retention Package

Attention ANY, BC, NB, NL, NS, ON, PEI and SK Guiders!

Do not fill out this form. You will complete the SG.3 form in the GGC portal.
Complete all other required forms and have them ready for upload to the GGC Portal.

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

Unit: <u>1st & 3rd Grande Prairie Guide Units</u>		Today's date: <u>January 17, 2024</u>
Activity/event/camp: <u>Snowflake Magic Winter Camp</u>		Cost per girl: \$ <u>42.00</u>
Start date & time: <u>February 16, 2024 at 5:00 PM</u>		End date & time: <u>February 18, 2024 at 3:00 PM</u>
Responsible Guider: <u>Sally Snowflake</u>		iMIS #: <u>94796</u>
Home phone: <u>780-129-3578</u>	Cell phone: <u>780-129-3578</u>	Bus. phone:
E-mail: <u>s.snowflake@telus.net</u>		
Participants are from: District <u>Wapiti</u> and Area: <u>Peace River</u> or Admin Community <u>n/a</u>		
Anticipated # of Participants		
Sparks: <input type="checkbox"/> Embers: <u>1</u> Guides: <u>17</u> Pathfinders: <input type="checkbox"/> Rangers: <input type="checkbox"/> Extra Ops/Trex:		
# of non-member children (i.e. staff children): Must be included in ratio	# of Supervisors: <u>5</u>	Other adults (specify):
List activities or plans related to this activity (use information provided to parents on SG.1): <u>Playing games outdoors; building a demonstration shelter; cooking over a camp stove; making s'mores over a campfire; singing songs around the campfire; hoping to see star constellations</u>		

Role (First aider, substitute group leader, supervision, activity facilitator, cook, etc.).	Adults in attendance List all supervisors and adults attending. Attach a separate sheet if needed.	iMIS #	Attending full event?		Guider	Non-Member PRC	
			Yes	No		Yes	No
First aider	<u>Susan DeLorey</u>	<u>84669</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copy of certificate(s) attached <input checked="" type="checkbox"/> Certificate is in iMIS <input type="checkbox"/> Health care professional <input type="checkbox"/> Other:							
Substitute group leader	<u>Betty Snowman</u>	<u>596142</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor	<u>Pamela Jones</u>	<u>1124698</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook	<u>Pauline Johnston</u>	<u>1325477</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

* See Safe Guide requirements for non-members for overnights and if volunteering regularly.

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

Name: <u>Sam Snowflake</u>	Member: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	iMIS #: <u>1154678</u>
Home phone: <u>780-492-8879</u>	Bus. phone: <u>n/a</u>	Cell phone: <u>780-998-6241</u>
E-mail: <u>sam.snowflake@telus.net</u>		
If non-member has A.7 been submitted <input checked="" type="checkbox"/> Yes (required)		

Location

Name of facility (park, trail system, lake system, etc.): <u>Camp Tamarack</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? Yes <input checked="" type="checkbox"/> – When? <u>2019</u>
No <input type="checkbox"/> – How will/was information about the facility/site/area (be) obtained?

Activity Planning Chart – indicate with an X 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
PEOPLE			
Attending a 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 in Safe 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"/>	
Walking in a parade	<input type="checkbox"/>		
Riding on a float in a parade, hayrides, sleigh rides		<input type="checkbox"/>	
Commercial air travel	Refer to the Travel in Canada Activity Guide		
ENVIRONMENT			
EMS response time: (See Key Terms in Safe Guide)			
EMS response available within 30 mins	<input checked="" 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"/>
Food preparation:			
Campfire with no cooking	<input checked="" type="checkbox"/>		
Preparing food / cooking in typical kitchen	<input type="checkbox"/>		
Sparks/Embers/Guides - cooking on a camp stove, campfire or BBQ		<input checked="" type="checkbox"/>	
Pathfinders/Rangers - cooking on a camp stove, campfire or BBQ	<input type="checkbox"/>		
Equipment: (see Key Terms in Safe Guide)			
Ordinary equipment	<input type="checkbox"/>		
Specialized equipment		<input checked="" type="checkbox"/>	
Power equipment			<input type="checkbox"/>
ACTIVITY			
Situation specific:			
Activity takes place overnight (regardless of duration)		<input checked="" type="checkbox"/>	
Adventure activities*			<input type="checkbox"/>
Water Activities: (refer to Swimming or Boating Planning Guide)			
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"/>
Travel/International Travel:			
Travel in Canada	Refer to the Travel in Canada Activity Guide		
International travel under 72 hours.	Refer to the International Travel Under 72 Hours Activity Guide		
International travel 72 Hours or more	Refer to the International Travel 72 Hours or More Planning Guide		

Conditional Activities

These activities have insurance conditions and the SG.5 must be signed. (See Safe Guide Appendix B)

- | | | |
|---|---|---|
| <input type="checkbox"/> Alpine skiing/snowboarding | <input type="checkbox"/> Boating with TPSP | <input type="checkbox"/> Helicopter travel |
| <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Rock climbing on natural rock face | <input type="checkbox"/> Scuba diving in pool |
| <input type="checkbox"/> Surfing at a beach or waterfront | <input type="checkbox"/> Trampoline park | <input type="checkbox"/> Waterskiing |
| <input type="checkbox"/> Whitewater rafting | <input type="checkbox"/> Riflery/Biathlon | |

Forms list:

Activity 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: 1st Student Bus Co. studentbus.com

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 Activity* or a Conditional Activity*
- Personal Health Form (H.1)

As Responsible Guider, I will coordinate the Safe Guide procedures for the activity described on this form.

Signature: Sally Snowflake #84796 Date: January 17, 2024

iMIS #: 84976 if iMIS number is included, a signature is not required.

Approval:

Name of Assessor:

Date approved:

E-mail:

Phone:

Signature of Assessor:

e-signature accepted