



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.

Activity Level:  Yellow  Red  International U72 Hours OR  TPSP

Unit: Guides/Pathfinders	Today's date: August 20, 2010
Activity/event/camp Intermountain District Sleepover	Activity start date: October 16/10 Time: 1pm
	Activity end date: October 17/10 Time: 11am
Responsible Guider: TAMMY ZURBA iMIS #: 58388	
Address: 37 - 6TH Ave. SE Dauphin, MB R7N 2C3	
Home phone: 638-8276 Bus. Phone: 638-8276 Cell phone: 572-0315	
Fax: E-mail: tzurba@mts.net	
Sponsored by: Unit/council/community Intermountain District Cost per girl: \$15.00	
Participants are from: (district/division/area/community) Manitoba	
Anticipated # of: Sparks _____ Brownies _____ Guides 100 Pathfinders 30 Rangers _____	
Extra Ops _____ Age range: 9 - 14 Supervisors: _____	
Others: (specify) each unit will be responsible for having their own screened supervisors	

**Supervisors**

<b>Additional supervisors:</b> If additional space is needed, list additional supervisors and attach on a separate sheet. Attach a list of all adults in attendance.	Guider		Non-Member PRC		<b>Role:</b> (i.e., first aider, substitute group leader, general supervision, cooking, specific activity supervision and if applicable include copies of qualification) See Safe Guide for PRC requirements for non-Members for overnights and if volunteering regularly.
	Yes	No	Yes	No	
Shelley Slyziuk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>First aider</b> (if required). Copy of certificate(s) is attached or captured in GGC database (iMIS) <input checked="" type="checkbox"/>
Michelle Zurba	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Substitute group leader</b> (if required)
Martha Zurba	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cook (not staying overnight)
Trina Burdeniuk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	general supervision
Pam Chetyrbuk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	general supervision
	<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,)

Name: Martha Zurba	If non-Member A.7. submitted <input checked="" type="checkbox"/> Yes
Home phone: 638-3695 Bus. phone: _____ Fax: _____	
Cell phone: 648-4706 E-mail: _____	

**Location**

Name of facility, park, trail system, lake system, etc.:	Dauphin Market Place Mall/Selo-Ukraina Site/Rec. Center
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"/> No <input type="checkbox"/> If yes, When? a few times a year	
When will/was information about the facility/site/area (be) provided: on information sheet	
List additional activities or plans related to this event/location (if any):	

**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"/> whitewater rafting | <input type="checkbox"/> water skiing  |
|   |   | <input type="checkbox"/> 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/territorial office or the national office for a copy.



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	X			<input checked="" type="checkbox"/>
Girls in groups unaccompanied during a portion of an event (See Key Terms)		X		<input type="checkbox"/>
Use of a Third Party Service Provider (see Key Terms)	Refer to the Third Party Service Provider Activity Guide			<input type="checkbox"/>
<b>PLACE</b>				
Transportation:				
Arranged by parent/guardian	X			<input checked="" type="checkbox"/>
Public municipal/urban transit	X			<input type="checkbox"/>
Arranged by Unit – car, van, bus, train or commercial boat		X		<input checked="" type="checkbox"/>
Commercial air travel			X	<input type="checkbox"/>
Location of activity:				
Regular unit meeting place	X			<input type="checkbox"/>
Private home or community / public location (e.g., fire station, library, park)	X			<input type="checkbox"/>
<b>ENVIRONMENT</b>				
EMS response time: (See Key Terms)				
EMS response available within 30 mins	X			<input checked="" type="checkbox"/>
EMS response 30 mins up to 1 hour		X		<input type="checkbox"/>
EMS response time greater than 1 hour			X	<input type="checkbox"/>
Food preparation:				
Girls preparing food / cooking in typical kitchen	X			<input type="checkbox"/>
Camp stove or campfire cooking		X		<input type="checkbox"/>
Equipment: (See Key Terms)*				
Ordinary equipment	X			<input checked="" type="checkbox"/>
Specialized equipment		X		<input type="checkbox"/>
Power equipment			X	<input type="checkbox"/>
<b>ACTIVITY</b>				
Time / length of activity:				
Activity duration is less than 8 hours	X			<input type="checkbox"/>
Activity duration is 8 hours or more		X		<input checked="" type="checkbox"/>
Activity takes place overnight (regardless of duration)		X		<input checked="" type="checkbox"/>
Situation specific:				
Adventure activities (See Key Terms)*			X	<input type="checkbox"/>
Water Activities:				
Swimming/boating in a public pool or waterpark where the facility provides aquatic supervision	X			<input checked="" type="checkbox"/>
All other water activities (swimming or boating)	Refer to the Water Activities Planner			<input type="checkbox"/>
Travel/International Travel:				
Travel touring in Canada 72 hours or more (See Key Terms)			X	<input type="checkbox"/>
International travel (crossing the border)	Refer to the International Travel Planner			<input type="checkbox"/>

**Forms for Activity Notification/Approval**

**For Yellow Activities**

The following documents are attached if required:  
 Water Activity Plan (WA.1)

**For Red Activities**

The following documents are attached:  
 Activity Plan (SG.1)  
 Emergency Response Plan (SG.4)  
 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

**Activity Using a Third Party Service Provider\***

Third Party Service Provider Interview Checklist (SG.7)  
 Information about the TPSP is attached (PDF document or brochure)

OR TPSP web address \_\_\_\_\_

**International U72 Hours**

Activity Plan (SG.1)  
 Emergency Response Plan (SG.4)  
 Waiver (SG.5) if adventure\* or a conditional activity\*  
 Additional activity forms if relevant – Water Activities (WA.1), Activity facilitator certification or qualifications, Adventure Trip Plan (SG.6)

**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 a conditional activity\*

\*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): October 16/17, 2010

at (location): Selo-Ukraina Site/Rec. Center/Mall

Signature of Responsible Guider: \_\_\_\_\_ Date: August 20, 2010

iMIS number 58388

**Notification/Approval:**

<b>Yellow Activities and International U72 Hours</b> 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: <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Letter
Date received: _____
Attach copy if E-mail, Fax or Letter

<b>Red Activities</b> 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: _____
E-mail: _____