

To be completed by the Responsible Guider prior to undertaking Yellow, Red and Travel.

**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 for non-travel activities. For all non-travel activities complete the SG.3 form in the GGC portal.  
Complete all other required forms and have them ready for upload to the GGC Portal.  
Continue with this form for Travel activities.

Level/Activity (Check **ALL** that apply): ☒ Yellow ☐ Red ☐ Water Activity ☐ Travel ☒ TFSP

Unit: <u>3rd Grande Prairie Guide Unit</u>		Today's date: <u>September 16, 2024</u>	
Activity/event/camp: <u>Straight as an Arrow indoor camp</u>		Cost per girl: <u>\$ 42</u>	
Start date & time: <u>October 25, 2024</u> at <u>5:00 pm</u>		End date & time: <u>October 27, 2024</u> at <u>3:00 pm</u>	
Responsible Guider: <u>Sally Branch</u>		iMIS #: <u>84796</u>	
Phone: <u>780-129-3578</u>		E-mail: <u>s.branch@telusplanet.net</u>	
Participants are from: District <u>Wapiti Meadows</u> and Area: <u>Peace River</u> or Admin Community			
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: <input type="checkbox"/>			
# of non-member children (i.e. Guider children)*: <u>      </u> # of Supervisors: <u>5</u> Other adults (specify): <u>      </u>			
*Must be included in ratio. See Supervisors bringing non-member children in the Supervision of Safe Guide for more info.			
List activities or plans related to this activity (use information provided to parents on SG.1): <u>Making a demonstration shelter, gathering dry/dormed wood, learning how to make a campfire, cooking over a camp stove, roasting marshmallows &amp; eating smores under the stars and practicing our singing. We will be practicing archery at the established range on the campsite and travelling to camp via 1st Student School bus.</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? Yes No	Guider Yes	Non-Member PRC Yes No
First aider	<u>Susan Woods</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    Other:					
Substitute group leader	<u>Betty Twigg</u>	<u>590142</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Supervisor	<u>Pamela Tree</u>	<u>1124698</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Cook	<u>Pauline Pinecone</u>	<u>1325477</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Area Archery Facilitator- qualifications in iMIS	<u>Pauline Pinecone</u>	<u>1325477</u>	<input checked="" 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"/>

\* 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 Branch</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.branch@telusplanet.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: <u>      </u>
Have any of the supervisors been to this location/facility/site before? Yes <input checked="" type="checkbox"/> – When? <u>2023</u>

No ☐ – 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			
<b>PEOPLE</b>						
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					
<b>PLACE</b>						
<b>Transportation:</b>						
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			<input type="checkbox"/>			
<b>ENVIRONMENT</b>						
<b>EMS response time: (See Key Terms in Safe Guide)</b>						
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"/>			
<b>Food preparation:</b>						
Campfire with no cooking	<input checked="" type="checkbox"/>					
Preparing food / cooking in typical kitchen	<input checked="" type="checkbox"/>					
Cooking on a camp stove, campfire or BBQ (any branch)	<input checked="" type="checkbox"/>					
<b>Equipment: (see Key Terms in Safe Guide)</b>						
Ordinary equipment	<input type="checkbox"/>					
Specialized equipment		<input checked="" 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 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 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"/> Downhill carting or luge           |
| <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"/> Riflery/Biathlon           | <input type="checkbox"/> Waterskiing                      | <input type="checkbox"/> Whitewater rafting                 |

### 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: [1stcharterbusbus.com](http://1stcharterbusbus.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.**

iMIS #: Sally Branch #84796

Date: September 16, 2024

Signature\*:

\*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