



# 4-H in Canada - Activity Plan

For guidance on how to complete an activity planning form or to complete the form online, please visit: <https://4-h-canada.ca/youth-safety>.

<b>Event / Program Name:</b>	
<b>Type of event:</b> <input type="checkbox"/> Achievement day <input type="checkbox"/> Camp <input type="checkbox"/> Club/project meeting <input type="checkbox"/> Community event <input type="checkbox"/> Community service <input type="checkbox"/> Competition team <input type="checkbox"/> Exchange host <input type="checkbox"/> Farm tour <input type="checkbox"/> Fun club event <input type="checkbox"/> Fundraiser <input type="checkbox"/> National Program <input type="checkbox"/> Provincial Program <input type="checkbox"/> Regional Program	
<b>Start date/time:</b>	<b>Number of nights:</b>
<b>End date/time:</b>	
<b>Province:</b>	<b>Area/County/Region:</b>
<b>Club(s) Attending:</b>	
<b>Overview of event/program:</b>	
<b>Location(s):</b>	
<b>Activity Type:</b> <input type="checkbox"/> Animals & Agriculture <input type="checkbox"/> Aquatics <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoor Living <input type="checkbox"/> Winter <input type="checkbox"/> Other	<b>Planned Activities:</b>
<b>Youth need to bring:</b>	

## Program Supervision

<b>Number of supervisors:</b>	<b>Number of youth expected:</b>
<b>Overall adult : youth ratio:</b>	<b>Age of youth:</b>
<b>Ratio complies with policy:</b>	<b>First aider:</b>
<b>Names of supervisors:</b>	

## Youth Safety

<b>Describe supervision plan throughout the event/program:</b>
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<b>4-H Organized Transportation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Details:</b>	
<b>4-H Organized Overnight Accommodations:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type of accommodations:</b> <input type="checkbox"/> Camp Residence <input type="checkbox"/> Hotel / dorm <input type="checkbox"/> Meeting Hall <input type="checkbox"/> Private Home <input type="checkbox"/> Tent <input type="checkbox"/> Other
<b>Details:</b>	

**Risk Management**

<b>Risk assessment of activities:</b>	
<b>Emergency response plan:</b>	
<b>Are you using any third-party service providers or vendors:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is a certificate of insurance required?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Budget**

<b>Budget for the event / program has been approved by the organizing club or regional council:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Member costs have been communicated to families prior to event / program registration:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Funders and supporters will be acknowledged and required reporting completed:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

## Activity Leaders

As the organizer of this event/program (i.e. the trained leader or staff), please confirm that it has been planned to align with Youth Safety at 4-H in Canada policies. Please acknowledge each statement and sign your name at the bottom.

<b>Name:</b>	<b>Position:</b>
<b>Phone:</b>	<b>Email:</b>
<input type="checkbox"/> All youth have completed event/program registration following provincial guidelines	
<input type="checkbox"/> Health and emergency contact information will be on hand during the event for all youth and adult in attendance	
<input type="checkbox"/> Leader contact information, and program, transportation, and accommodation plans will be shared with youth and guardians	
<input type="checkbox"/> The program/event has been planned to comply with 4-H in Canada Youth Safety policies	
<input type="checkbox"/> The program/event has been planned to comply with Public Health Policies	
<b>Signature of Organizer:</b>	<b>Date:</b>

<b><i>Admin Details Only</i></b>	<b>Case Number:</b>
<b>Activity Plan Review Date:</b>	<b>Activity Plan Approval Status:</b>