NU MOVES
WINTER YOUTH &
PD CAMP WEEK
TEMPLATE FORMS

RECREATION AND PARKS ASSOCIATION OF NUNAVUT

ACTIVITY PLAN

Activity Name: _____

Age Range: _____   **Number of Participants:** _____

Start Date: _____   **End Date:** _____

Facility Required:_____   **Start Time:**_____**End Time:**_____

Leader of Activity: _____

Objective(s) of Activity:

Promotional Plan:

Equipment Required:

Explanation of Activity:

Review of Activity: (modifications needed)

ACTIVITY:			
TASK	**DATE TO BE COMPLETED**	**WHO**	**COMPLETED**
Book Gymnasium	September 14	Scott S.	Yes

ACTION PLAN CHECKLIST:

This checklist will help you in determining what is needed to complete the 'Action Plan' sheet above for each activity:

☐ Facilities need to be booked. Contact community/Hamlet to schedule and book the times needed for activity.

☐ Equipment and items needs, need to be listed.

☐ Budget needs to be developed.

☐ Proposals need to be written and funding needs to be in place.

☐ Promotion of activity needs to be developed and executed – (Posters, brochures, radio ads, school appearances…)

☐ Equipment and promotional items need to be ordered or borrowed if needed

☐ Instructors need to be chosen, trained and all qualifications need to be met.

☐ Schedule (day, week, month and annual plans need to be developed or updated)

☐ Rules of Activity need to be developed. (Attendance, late, bullying…)

☐ Daily Plans need to be developed outlining what each day will involve.

☐ Participant lists need to be made (sign in sheets, attendance records, etc.)

☐ Equipment check list and storage information need to be developed

☐ Continue to check and re-check everything above is completed and is on time.

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

INSTRUCTOR DAILY ROUTINE CHECKLIST

Pre-Activity – Instructor Arrival

- ☐ Instructors should arrive at least 15 min early.
- ☐ Scout facility and area where activity is taking place look for…
  - Safety issues and remove them.
  - Clean the area and make area ready for activity
  - Go through the pre-activity checklist
- ☐ Gather Equipment and make sure activity is ready to begin on time.

Pre-Activity – Participant Arrival

- ☐ Welcome everyone as they arrive, make sure the sign-up sheet is ready and available.
- ☐ Have an activity ready for the participants when they arrive (basketballs, card games, etc)
- ☐ Remind everyone that they should have water and have a bathroom break before activity begins.

Pre-Activity – Meeting:

- ☐ Explain the daily activity to participants.
- ☐ Take attendance of the participants.
- ☐ Review behavioural and participation rules of the program Introduce any new rules that are part of the daily activity.

During Activity:

- ☐ Encourage all youth to participate, it is your job to get everyone involved and feel safe in the activity. Watch out for teasing, bullying and put immediate stop to it.
- ☐ Make activities that are timed and/or focus on the performance of the game and not the results.
- ☐ Assign teams and pairs when needed, do not let youth pick their own teams or partners.
- ☐ Use as much enthusiasm as possible, go out of your way to 'Look Stupid'. The more active and excited you are the more the youth will get involved.
- ☐ Keep instructions simple and quick. You do not want to lose your audience.
- ☐ Use the youth when demonstrating. Try and use youth that will be able to do the activity.
- ☐ Provide compliments to the youth when they are trying hard or doing activity correct.

Post Activity

☐ Compliment the participants on their hard work and effort. Try and pick out one thing that they did very well as a group. *(You all moved quickly from circuit to circuit, GREAT JOB!)*

☐ Has everyone signed out and been picked up?

☐ Make sure all equipment is picked up, accounted for and put away in appropriate spot.

☐ Make sure facility is better / more clean than when you arrived.

☐ Have the closing procedures of the facility been followed as to community/hamlet directions.

PROGRAM ACTIVITY:
PROGRAM DATE(S):
WHAT DID YOUR SON/DAUGHTER ENJOY ABOUT THE PROGRAM?
WHAT DID YOUR SON/DAUGHTER <u>NOT</u> ENJOY ABOUT THE PROGRAM?
WHAT CHANGES DO YOU FEEL COULD BE MADE TO IMPROVE THE PROGRAM?
ANY OTHER COMMMENTS?
PLEASE CIRCLE THE NUMBER THAT REFLECTS YOUR OVERALL EXPERIENCE OF THE PROGRAM **(1 = low; 5 = average; 10 = great)**

1   2   3   4   5   6   7   8   9   10

THANK YOU FOR YOUR INPUT!

PARENT EVALUATION #2

Please check the appropriate box.

PROGRAM ACTIVITY:

DATE OF PROGRAM:

	Poor	Okay	Good	Excellent
1. Overall impression of the program /activity was?	○	○	○	○
2. Advanced preparation for this program /activity was?	○	○	○	○
3. Instructor's explanation of the program / activity was?	○	○	○	○
4. Was the instruction appropriate for the age group?	○	○	○	○
5. The instructor's attitude was?	○	○	○	○
6. Advanced promotion of the program/ activity was?	○	○	○	○
7. The content of the program was age appropriate?	○	○	○	○

How can the program be improved in the future?

What other programs/activities would you like to see offered?

Program / Activity: _____

I LIKED THE PROGRAM/ACTIVITY BECAUSE:

I LEARNED:

I WOULD LIKE TO SEE:

I DIDN'T LIKE THE PROGRAM/ACTIVITY BECAUSE:

PLEASE CHECK ONE:

○   **I LOVED IT!!**

○   **I LIKED IT!!**

○   **IT WAS OKAY**

COMMENTS:

ACTIVITY EVALUATION REPORT

INSTRUCTOR:

ACTIVITY: **DATE:**

NUMBER OF PARTICIPANTS: _____

PARTICIPANT BREAKDOWN:

AGES: _____   MALES: _____   FEMALES: _____

AGES: _____   MALES: _____   FEMALES: _____

PROGRAM DETAILS:

SUCCESSES:

CHALLENGES:

RECOMMENDATIONS:

DAILY ACTIVITY PLAN

ACTIVITY:

DAILY ACTIVITY:

AGE RANGE:

NUMBER OF PARTICIPANTS:

LEADING TODAY:

FACILITIES REQUIRED:

DATE:

START TIME:

END TIME:

OBJECTIVES:

ACTIVITY EXPLANATION / SET UP NEEDED:

EQUIPMENT REQUIRED:

SPECIAL MESSAGE FOR PARTICIPANTS:

REVIEW OF ACTIVITY:

PARTICIPATION REGISTRATION / WAIVER FORM

PARTICIPANT CODE OF CONDUCT

The community of _____
is directed by the highest standards to promote and provide recreation, sport, activity and culture services for the benefit of all residents.

The Code of Conduct identifies the standard behaviour, which is required of all participants. ALL participants must abide by the following guidelines:

- Represent your community as ambassadors, with dignity, personal integrity and within the spirit of good sportsmanship.
- Show respect for:
  - Community members
  - Rules and standards of the activities.
  - The instructors and volunteers of the activities.
- No participating in illegal activity or in the consumption of alcohol or illegal substances and avoid all unsafe and unacceptable circumstances while participating in such activities.

DISCIPLINE POLICY PROCEDURES

Any and all violations of the Code of Conduct will be immediately brought to the attention of the program coordinator.
Discipline may result in:

- Participants removal from the activity
- Suspension from further program activities.

PHOTO RELEASE

Completion and signature of this form authorizes the use of any photos or videos taken during the activity or event to be used for non-profit purposes such as reports, media coverage, advertising and promotion within various outlets.

VOLUNTEERS

The registrant and parent of said registrant understands that this activity/event may involve the use of volunteer, elders and paid workers. It is the registrants and parent/guardian of said registrant, responsibility to ensure they accept the volunteers/elders/paid workers selected by their community and consent to the roles and responsibilities with regards to participation, supervision, discipline and overall safety of registrants.

Program / Activity /Event:

Date / Time of Event: **Location:**

First Name: **Last Name:**   **Gender:**

Address: **Community:**   **Postal Code:**

Phone #:   **Email:**

Date of Birth :   **Hospitalization#:**

Emergency Contact Name: **Phone #:**

Any Medical Information or Allergies:

WAIVER AND RELEASE

The registrant and parent/guardian of said registrant agrees that the community of _____ and its partners will not be held responsible for any accident, illness, loss or damages that occur during the participation of such activities and events. The registrant and parents/guardians of said registrant understands that they may be exposed to risks of injury from accidents during such activities. The registrant and parent/guardian of said registrant authorize medical attention/treatment if deemed necessary during such activities / events.

ACKNOWLEDGEMENT

I herby acknowledge that I have read and understand the information under the following headings contained in this document Participant Code of Conduct, Photograph Release, Waiver and Release and Volunteers. I agree to abide by all activity/events and regulations as outlines by the community of _____.
I verify that all personal information is correct.

PARTICIPANTS SIGNATURE   **DATE**

IF UNDER 18- PARENT/GUARDIAN SIGNATURE   **DATE**

NAME	PARENT / GUARDIAN	PARENT /GUARDIAN SIGNATURE	TIME IN	PARENT / GUARDIAN	PARENT / GUARDIAN SIGNATURE	TIME-OUT

PARTICIPANT SIGN-IN / SIGN OUT SHEET

INCIDENT REPORT

DATE OF INCIDENT:

TIME OF INCIDENT:

WHO WAS INVOLVED:

WHERE DID INCIDENT TAKE-PLACE:

DESCRIPTION OF INCIDENT:

BODILY INJURY   DAMAGE TO PROPERTY   BEHAVIOUR INCIDENT   OTHER

ACTIONS TAKEN:

COMMENTS:

COMPLETED BY:

_____   _____
NAME   SIGNATURE

EMERGENCY ACTION PLANS

The purpose of an Emergency Action Plan (EAP) is to get professional care to the injured person as quickly as possible. *The EAP should be developed at the start of winter, and before your winter program begins.*

An EAP consists of locations of the closest telephones, directions to the venue, and the names of two people – the charge person and the call person.

Assign one staff member to be the charge person and one staff member to be the call person. If there is only one staff member, designate one of the children as the call person.

The Charge Person: Responsibilities

(This person should have first aid training)

1) Take Control and assess the situation through contact with the injured child.

2) Tell all other children and bystanders to leave the injured child alone and back away. If you can, assign a fellow staff member or senior camper to be in charge of the children while you are dealing with the situation.

3) Ensure that the injured child is not moved.

4) Ensure that all play equipment and clothing/shoes is left on the child.

5) Assess the injury and determine whether further assistance is necessary.

6) Decide how to move the child if no further assistance is necessary.

7) Notify the Call Person if the Health Centre and Parent/Guardian needs to be contacted and briefly explain the injury.

8) Look for changes in the child's condition and reassure him/her until professional care arrives.

The Call Person: (Responsibilities)

1) Know the location of all telephones that could be used for making calls. Preplanning is essential for this responsibility. You need to know this information for the designated play area, and anywhere else you plan to take the children.

2) Prepare a list of all local emergency numbers – Health Centre, fire, and police. Write these numbers on a small card and keep them with you at all times! (an example card is given on the next page). Do not rely on the operator to transfer the call - call the service directly.

3) Know the best access route to the play area. The exact location of the play area should be written on the back of the number card. This will help you in times of stress.

4) Give the dispatcher the necessary information. State that a medical emergency exists, the nature

of the emergency, the exact location of the injured child and the number of the telephone from which the call is being placed. Request the estimated time of arrival.

5) Assign someone to stay by the phone.

6) Report to the charge person that the Health Centre has been called and tell the charge person the estimated time of arrival.

7) Go to the main entrance and wait for the ambulance or help..

EMERGENCY ACTION PLAN

COMMUNITY:

FACILITY:

EMERGENCY PHONE NUMBERS:

HOSPITAL: **HAMLET OFFICE:**

NURSE: **REC. COORDINATOR:**

FIRE:

RCMP:

EMERGENCY PROTOCAL:

When you call 'Emergency Medical Staff' provide:

1) Your Name and Title / Position
2) Current Location / Address
3) Specific directions to getting to emergency.
4) Telephone Number (land-line or cell phone)
5) What the emergency is.
6) How it happened.
7) Condition of the situation or injured.
8) Treatment that has already been given.
9) Any other information that is requested:

EMERGENCY TASK ASSIGNMENT: TASKS FOR EMERGENCY

1) Immediate care of injured or situation
2) Retrieve emergency equipment (if needed)
3) Call EMS
4) Unlock and Open Doors for EMS

5) Flag Down EMS and direct to scene (if needed)

FIRE EVACUATION INSTRUCTIONS:

INTRUDER PROTOCAL:

OTHER: