

Activity Planner and Information

SECTION 1 - Complete for all activities

v3 09.2022

Congregation:		Location:	
Compiled By:		Contact Person:	
Activity Name:		Contact Person's Phone/s:	
Date/s Of Activity:		Purpose Of Activity:	
Est. Time Range:	Start:	Expected Group Size:	Adults: Male:
	Finish:		Female:
			Children: Male:
			Female:
Youngest Participant Age:		If Under 18, Relevant State Requirements Met:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
+First Aid Coordinator:		+Level Of Training:	

EMERGENCY PHONE CONTACTS (Local Numbers Required):		000 = General Emergency Number
Police Location:		Police Phone Number:
Doctor Location:		Doctor Phone Number:
Hospital Location:		Hospital Phone Number:
Other Location:		Other Phone Number:
General Description Of Activity:		

SECTION 2 - Complete For Youth Activities		
Are there specific guidelines for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, these must be consulted before completing this form.
*Instructor 1:		Inst. 1 Quals/Experience:
Instructor 2:		Inst. 2 Quals/Experience:
Instructor 3:		Inst. 3 Quals/Experience:
Have the Childsafe protocols been adhered to, and the relevant forms been completed?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

*Instructors (if applicable) in charge must have completed necessary training and hold required qualification.		= information required for all youth activities
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GENERAL CONSIDERATIONS (tick one)		Yes	No	N/A
Is there a first-aid kit on-site (including icepacks) for use in an emergency?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a first aid trained person on-site in the event of an emergency?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an operational mobile phone for use in an emergency?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing surfaces inspected for holes, depressions, sharp objects etc?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal posts, nets or other sport structures in sound / sturdy / stable condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have spectator areas been inspected and cleared of glass or other sharps?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet areas open?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet areas acceptable and clean for use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet areas inspected for sharps / needles and syringes?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity boundaries explained to all participants (where they can / can't go)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the boundaries of any fields close to roadways or waterways?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any child under 16 (participant or spectator) without a parent or guardian present?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a referee / umpire / person in charge been appointed to control game?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If money is collected, are there procedures in place for security of money?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any heavy lifting associated with equipment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If indoors, is there someone with the means to wipe up any spillages on floors?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In games, has suitability of attire, fingernails, jewellery etc been addressed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If outdoors, is there a shaded area for those who may become overheated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate availability of water or have people been warned to bring own?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEATHER CONSIDERATIONS (tick one)		Yes	No	N/A
Is hot weather greater than 30° expected during this activity?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is rain or heavy wind expected during this activity?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are electrical storms expected during this activity?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" how will the safety of participants and spectators be managed?				
Any other concerns (E.G Bush fires, floods, snow storms, rough seas)				
FOOD/CATERING CONSIDERATIONS (tick one)		Yes	No	N/A
Is catering of perishable foods/cooking involved in this activity?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" how will food safety, cooking issues be managed?				
Any cooking areas, hot water, electrical outlets, gas bottles – what precautions will be taken?				

Signed By: _____ Email address of signatory _____ Date:

Typed name = Signature

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