

BLACKHAWK AREA COUNCIL FLOAT PLAN

(Must be attached to tour permit for whitewater afloat activities)

Unit: _____ District: _____
(Type and unit number)

Unit Leader: _____ Telephone: _____

Date Departure: _____ Date Return: _____

Number of Participants: Youth: _____ Adults: _____

Check all that apply below:

Afloat Activity: Lake River- moving water River-whitewater* Ocean

Boating Craft: Canoe Kayak Raft Power boat Rowboat

Sailboat Sailboard Inner tube

*Whitewater: Any river where there are rapids.

Qualified Supervisors:

Boy Scouts, Varsity Scouts and Venture Scouts: 1 supervisor for every 10 participants, minimum of 2
Cub Scouts: 1 supervisor for every 5 participants, minimum of 2

1: Name _____ Age _____

Training: Safe Swim Defense Card Expiration Date: _____
Safety Afloat Card Expiration Date: _____
CPR Expiration Date: _____
Whitewater (if whitewater) Training Date: _____

2: Name _____ Age _____

Training: Safe Swim Defense Card Expiration Date: _____
Safety Afloat Card Expiration Date: _____
Whitewater (if whitewater) Training Date: _____

3: Name _____ Age _____

Training: Safe Swim Defense Card Expiration Date: _____
Safety Afloat Card Expiration Date: _____
Whitewater (if whitewater) Training Date: _____

4: Name _____ Age _____

Training: Safe Swim Defense Card Expiration Date: _____
Safety Afloat Card Expiration Date: _____
Whitewater (if whitewater) Training Date: _____

Participants

Name:

Telephone:

| | | |
|-----------|--------------------------------|-------|
| 1. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 2. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 3. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 4. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 5. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 6. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 7. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 8. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 9. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 10. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 11. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 12. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 13. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 14. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |
| 15. _____ | <input type="checkbox"/> Adult | _____ |
| | <input type="checkbox"/> Youth | |

(Attach additional sheet for more participants or use back side of last page of this form)

Equipment:

Boats and Paddles:

Safety Equipment Including PFDs:

Other:

Emergency Contact(s):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Trip Plans:

Travel Route To And From Destination:

Travel Route on Water (include starting location, ending location each day, approximate travel times on water and rest stops along the way):

Contingency Plans for Emergencies (include medical problems, weather, evacuation):