



# Float Plan\* for Day Trips

Crew Leader (CL): \_\_\_\_\_ Adult Leader (AL): \_\_\_\_\_

Description: \_\_\_\_\_ Date: \_\_\_\_\_

Destination/Location: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Watercraft: \_\_\_\_\_

Maps of location attached with route indicated.

Put-In Location: \_\_\_\_\_ Pull-Out Location: \_\_\_\_\_

Estimated travel time on water: \_\_\_\_\_

Applicable local rules, regulations, permissions required: \_\_\_\_\_

Weather forecast: \_\_\_\_\_

Contingency plan: \_\_\_\_\_

Other: \_\_\_\_\_

**Qualified Adult Supervision: 1 per 10 participants; Minimum 2 on outing.**

1.	Age: _____	<input type="checkbox"/> BSA Safety Afloat	<input type="checkbox"/> Safe Swim Defense
		<input type="checkbox"/> CPR trained	<input type="checkbox"/> Certified Lifeguard
2.	Age: _____	<input type="checkbox"/> BSA Safety Afloat	<input type="checkbox"/> Safe Swim Defense
		<input type="checkbox"/> CPR trained	<input type="checkbox"/> Certified Lifeguard

**Certified Lifeguard: Minimum 1 on outing (may be adult listed above or youth)**

1.	Age: _____	<input type="checkbox"/> BSA Certified Lifeguard
		<input type="checkbox"/> Red Cross Certified Lifeguard

Participants	Swimmer
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Participants	Swimmer
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Type II or Type III PDFs for each participant

Buddy system will be enforced

Float Plan Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Troop 184 Aquatics Director, Scout Master or Committee Member

**\*See the BSA Guide to Safe Scouting for rules, regulations, and recommendations for Aquatics Safety.**