

Scouting America™

Pathway to the Rockies Council

Boating Checklist

(if swimming also complete Swimming Checklist)

Unit Location Print location Date of Activity:

Aquatics Activity: Paddlecraft Powerboating Other: _____
Circle all that apply

Individual serving as Qualified Supervisor:

Attach Safety Afloat, skills training, and any other certificates (First Aid + CPR)

Print name

No. of participants: Adult Leaders Adult Scouts BSA Scouts WEBELOS/AOL Cub Scouts

Other individual(s) serving as trained adult for boating activity:

Per Safety Afloat ratios: 1:10 BSA / Venturing 1:5 Cub Scouts

Print name

Print name

Print name

Print name

At least one leader is certified and current in First Aid and CPR

Attach certification to application; must be a nationally accredited organization e.g. American Red Cross (preferred), ECSI, National CPR, AHA

Initials

Qualified Supervisor

Personal health review conducted for all participants

e.g. Allergies, seizures, epilepsy, asthma, or diabetes, ear infections, healing wounds, eye irritations, rashes

Initials

Qualified Supervisor

At least one leader trained in skills for appropriate watercraft

Attach proof of skills competency, e.g. ACA course completion certificate, US Sailing certificate, state watercraft safety certificate, etc.

Initials

Qualified Supervisor

All participants have sufficient swimming ability:

- Achieved BSA Swim Classification test of swimmer in last 12 months -or- limited to:
 - Multi-person craft on calm water with little likelihood of capsizing or falling overboard
 - Fixed seat rowboat or pedal boat with buddy who is classified as a Swimmer
 - Paddle or ride in paddlecraft with adult buddy who is classified as a Swimmer
 - Ride in powerboat or sailboat operated by a skilled adult

Initials

Qualified Supervisor

All participants will wear U.S Coast Guard approved properly-fitted life jackets while engaged in boating activities

Operable fastenings, properly sized, no tears

Initials

Qualified Supervisor

Boating buddies assigned during boating activities

Periodic buddy check conducted

Initials

Qualified Supervisor

All participants have sufficient skills to participate safely

e.g. know basic safety procedures, craft handling skills, awareness of environmental factors

Initials

Qualified Supervisor

Equipment is suitable, meets regulatory standards, and in good repair

See equipment checklist for specific considerations; attach checklist when complete

Initials

Qualified Supervisor

Written float plan developed and distributed

Include itinerary, notification of appropriate parties, communication requirements, contingency plans, emergency response options

Initials

Qualified Supervisor

I hereby attest that I am trained in and committed to compliance of BSA Safety Afloat. The unit listed above will adhere to all BSA Safety Afloat rules and guidelines as described in BSA Publication 34346 *Aquatics Supervision: A Leader's Guide to Youth Swimming and Boating Activities*. I understand and knowingly accept responsibility for the safety and well-being of all participants during this event and will ensure compliance with BSA Safety Afloat.

Print name

Signature

dd / mmm / yyyy

Unit committee approval

Committee chair or designated representative

Signature or n/a

dd / mmm / yyyy

Council approval

Council executive staff or Aquatics Committee member

Signature or n/a

dd / mmm / yyyy

Camp Director / Administrator

If required; otherwise "n/a"

Signature or n/a

dd / mmm / yyyy

Safety Afloat

- 1) Qualified supervision
- 2) Personal health review
- 3) Swimming ability
- 4) Life jackets
- 5) Buddy system
- 6) Skill proficiency
- 7) Planning
- 8) Equipment
- 9) Discipline