

Scouting America™

Pathway to the Rockies Council Swimming Checklist

Unit Location Print location Date of Activity: dd / mmm / yyyy

Aquatics Activity: Swimming

Individual serving as Qualified Supervisor: Print name
Attach Safety Afloat, Safe Swim Defense, and any other certificates

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

Other individual(s) serving as lookout or rescue personnel:

<input type="text"/> <small>Print name</small>	<input type="text"/> <small>Print name</small>
<input type="text"/> <small>Print name</small>	<input type="text"/> <small>Print name</small>

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

Swim area inspected

e.g. depth, quality, temperature, movement, clarity, hazards marked, controlled access, traffic

Initials
Qualified Supervisor

Appropriate response personnel assigned:

- Regulated facility provided - or -
- Unit provided
 - Minimum two rescue personnel, maintain 1:10 ratio
Lifesaving MB, BSA Lifeguard, BSA Swimming and Water Rescue
 - Rescue equipment and instruction for use provided
 - Assign areas of responsibility
 - Emergency Action Plan developed and implemented
 - **Risk mitigation plan submitted to council / camp director**

Initials
Qualified Supervisor

Initials
Qualified Supervisor

Swimmers assigned to ability groups

BSA Swim Classification test conducted within last 12 months

Initials
Qualified Supervisor

Swim buddies assigned

Buddy check every ~ 10min, buddy groups adhere to ability group limitations

Initials
Qualified Supervisor

I hereby attest that I am trained in and committed to compliance of BSA Safe Swim Defense. The unit listed above will adhere to all BSA Safe Swim Defense 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 Safe Swim Defense.

<input type="text"/> <small>Print name</small>	<input type="text"/> <small>Signature</small>	<input type="text"/> <small>dd / mmm / yyyy</small>
--	---	---

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

- Safe Swim Defense**
- 1) Qualified supervision
 - 2) Personal health review
 - 3) Safe area
 - 4) Response personnel
 - 5) Lookouts
 - 6) Ability groups
 - 7) Buddy system
 - 8) Discipline