

# BCKC - Float Plan



Trip Leader: \_\_\_\_\_

Asst. Trip Leader: \_\_\_\_\_

Trip Type: \_\_\_\_\_

(Sea Kayak, MW Canoe River Trip, etc.)

Number in Group: \_\_\_\_\_

(Names and Telephone Numbers listed on other side)

Route Description: (include planned route, schedule, and destination for each day)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nearest Hospital: (incl. phone number)

Nearest Help and Telephone: \_\_\_\_\_

Trip Contact Person and Phone Number: \_\_\_\_\_

Action Date/Time: (Date/Time we should start looking for you)

Action Contact: (including phone number(s))

I hereby confirm that I am aware of: swimming ability, canoeing/kayaking ability, medical conditions, and compatibility of the group in my charge, and confirm that they are prepared for and capable of the proposed trip. I also confirm that all the necessary notifications, waivers, permits, etc. required for this trip have been procured and signed. All Participants on this trip have completed and signed the required waivers and risk management forms. All Participants less than 18 years of age have provided me with a signed permission note from their parent/guardian.

\_\_\_\_\_  
Trip Leader

\_\_\_\_\_  
Date

One copy of this Float Plan must be given to a local contact person prior to the departure of the trip. On extended wilderness trips, one copy to go to a designated Emergency Contact person for search and rescue purposes.

Name Address Contact #s	Emergency Contact and Telephone Numbers	OHIP/Health Card #	Allergies, Medical Conditions	Identifying Details (Drivers' License Plate #s, Vehicle Make/Colour, Boat & Tent Colour)