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| **SECTION 1: TRIP DETAILS** |
| **Location:**  |
| **Date:**  |
| **Name of Leader:**  | **Qualifications:**  |
| **Assistants:** | **Qualifications:** |
| **Party Information:** |
| Number in Party:  | No. of Juniors (<18):  |
| Group Ability:  |
| Outline Aim:  |
| **Type of Water/Grade:**  | **Distance:**  | **Est. Time:**  |
| **River Level:** <http://apps.environment-agency.gov.uk/river-and-sea-levels>**River Guide:** <http://www.ukriversguidebook.co.uk/> |
| **Put In:** **Take Out:** **OS Maps:**  | **Map Ref:** **Map Ref:**  |
| **Weather Forecast:**  |
| **Access Info:**  |
| **Agenda:**  |
| **Other Information:** |
| **SECTION 2: EMERGENCY PLAN** |
| **Nominated “Home Contact”:** | **Tel:** |
| Ensure a copy of this information pack is left with the nominated home contact who can then action phone calls in case of emergency and initiate any necessary actions |
| **Escape Routes (Emergency access points with map reference)** |
| 1. |  |
| 2. |  |
| 3. |  |
| **Points of Help (e.g. telephone, village, road with map reference)** |
| 1. |  |
| 2. |  |
| 3. |  |
| **Nearest Hospitals (A&E with address and map reference)** |
|  |  |

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| **SECTION 3: LEADER’S CHECKLIST*** **Leader’s Equipment**
 |
| Throwline |[x]  First Aid Kit |[x]  Spare Paddle |[x]
| Rescue Kit |[x]  Group Shelter |[x]  Repair Kit |[x]
| Knife |[x]  Spare Clothing |[x]  Map & Compass |[x]
| Whistle |[x]  Hot Drink |[x]  Means of lighting a fire |[x]
| Towline/Means of Towing |[x]  Emergency Food |[x]  Flares (sea only) |[ ]
| Mobile/Money for Phone |[x]  Torch |[x]  VHF Radio (sea only) |[ ]
| * **Check Group Equipment**
 |
| * **Group Briefing – safety, signals, hazards, organisation**
 |
| * **Warm-Up Activity**
 |

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| **SECTION 4: RISK ASSESSMENT** |
| **Anticipated Hazards****(General or Specific)** | **Seriousness****(Low/Med/High)** | **Likelihood****(Low/Med/High)** | **Control Measures/****Preventative Actions** |
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| **SECTION 5: GROUP DETAILS (use additional sheets if necessary)****Details and consent are required for all members of the group including coaches and leaders!** |
| **Paddler Name** | **Emergency Contact**  | **Medical Information** | **U18?** | **Paddler’s Consent – See Notes Below****(Parent to sign if U18)** |
| **Name** | **Telephone** | **Signed** | **Date** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

1. **By signing above I acknowledge that Canoeing and Kayaking are “Assumed Risk” – “Water Contact Sports” that may carry attendant risks and that I am aware of and accept these risks, and agree to be responsible for my own actions and involvement.**
2. **Activity Consent Forms must be completed for all unaccompanied paddlers under 18 years of age (i.e. where the parent/carer will not accompany the young person on the water)**