

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### Intermediate Backpacking – February 27-28, 2016

OSPL: [Needed]

**What:** An adventurous overnight backpack trip through three local regional parks. We'll warm up Saturday with a five mile hike into Round Valley Regional Preserve, climbing 850 feet, and camping overnight at Round Valley Group Campground. Sunday we'll hike through the Los Vaqueros Watershed and into Morgan Territory Regional Preserve, stretching our legs with 1,400 feet of climbing over eight miles through some fantastic country. This outing goes forward rain or shine, so bring good boots, good rain gear and an adventurous spirit! This moderately-strenuous intermediate-level backpack is open to scouts with previous backpacking experience and good fitness levels.

**When:** Saturday, February 27 to Sunday, February 28, 2016

**Where:** Round Valley Regional Preserve and Morgan Territory Regional Preserve

**Cost:** \$15 for campsite & travel costs. (Meals by patrols.)

**Meet:** Saturday, 9:00 a.m. at the Danville Park & Ride.

**Return:** Sunday, approximately 4:00 p.m., at Danville Park & Ride. Scouts will call ahead with actual pickup time. (Our likely return window is between 3:00 and 4:30.)

**Uniform:** T805 hiking or other synthetic wicking shirt. (No cotton!)

**Details:** Participants need appropriate backpacking and quality rain gear: backpacks, 10 essentials, boots, waterproof shells (for body, head and packs – no ponchos!), layered clothing, extra socks, gallon ziplocks for dry clothes, synthetic sleeping bags, and 2-3 liters of water. No cotton! (“Cotton kills.”)

Bring sack lunch for Saturday (in gallon Ziploc, not paper sack). All other meals will be planned and purchased by patrols.

**Mandatory Planning meeting:** Tuesday February 16 at Troop Meeting

**Mandatory pack check:** Tuesday February 23 at PLC

We will need drivers to take us from Park & Ride to the Round Valley trailhead on Saturday, and to pick us up at the Morgan Territory trailhead on Sunday. Please indicate if you can help out by driving.

**Questions:** Mr. Gary, cell: 925-518-9896, email: [todd@thegarys.net](mailto:todd@thegarys.net)

**Return the permission slips and checks to your Patrol Leader.**

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on*

***Tuesday, February 9, 2016***

# BOY SCOUTS OF AMERICA - TROOP 805

INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

## Intermediate Backpacking – February 27-28, 2016

I hereby give permission for my son, \_\_\_\_\_, to attend this outing with Boy Scout Troop 805. I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, participants, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

If this activity involves archery or firearms, I hereby give express consent for a qualified range instructor to furnish BSA-approved archery or firearm equipment to the participant for the purpose of instruction in the safe handling and use of such equipment and related activities at designated ranges.

I hereby give permission for the adult leaders to give over-the-counter (OTC) medicines as needed (e.g. Aleve for headache, fever, inflammation, pain; Benadryl for allergic reactions, nasal allergies, hives and itching; Lomotil for diarrhea; etc.) In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. (All reasonable measures will be taken to safeguard the health and safety of the Troop's members.)

**Name of Parent or Guardian (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

If I cannot be reached in the event of an emergency, please notify the person named below:

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

The following information relates to my son:

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy No:** \_\_\_\_\_

**Allergies or pertinent medical information (incl. Rx & OTC meds):** \_\_\_\_\_

### Tour Plan Information

Drive? (Check if Yes)	Vehicle Year / Make / Model	No. of Passengers	Driver's License / Name / Cell Phone	Auto Insurance (Min.: \$50K/\$100K/\$50K)
<input type="checkbox"/>				
To:				
<input type="checkbox"/>				
From:				

*(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)*

**REGISTERED LEADERS: Will you be participating with the troop? Yes:**  **Name:** \_\_\_\_\_

**Youth Protection Trained? Yes:**  **YP expiration date:** \_\_\_\_\_