

**BOY SCOUTS OF AMERICA**  
**TROOP 805**  
*ACTIVITY INFORMATION FORM*  
**Fall Campout September 16-17, 2016**  
**OSPL: TBD**

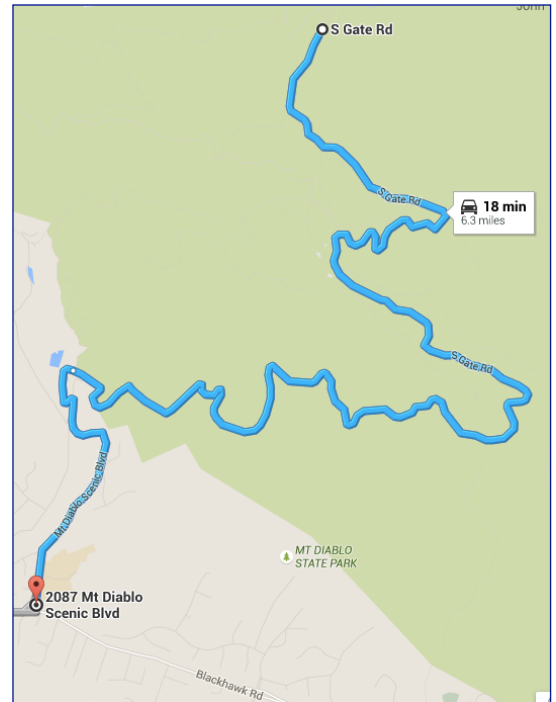
**What:** An overnight camping trip and opportunity to work on Scout Skills at nearby Mt. Diablo's Barbecue Terrace Group Campsite. Skills will include troop and campsite skills, ropes and knots (tenderfoot to first class), first aid (second and first class) and hiking/navigation (tenderfoot to first class). Older Scouts have opportunity to earn camping nights, teach skills using the EDGE method, and give back to the Troop.

**When:** Friday, September 16<sup>th</sup> @ 4:00-5:00pm drop off to Saturday, September 17<sup>th</sup> @ 12:30pm

**Optional:** There will be a 5 mile hike using map/compass from 12:30-2:30pm (after lunch). Pickup will be at the main road turnoff to Barbecue Terrace, just above the campsite.

**Where:** **Mt. Diablo: Barbecue Terrace Group Campsite**

From Blackhawk Rd., turn onto Mt. Diablo Scenic Blvd (becomes S. Gate Rd.). From here it should be just over 6 miles to the turn off to Barbecue Terrace (beyond Buckeye Group Camp). At the Ranger Station, you can let them know you are dropping your Scout(s) off at Barbecue Terrace and they will let you through without paying an entry fee.



**Cost:** \$20 (to cover supplies & site reservation)

**Meet:** 4:00-5:00pm Friday on September 16<sup>th</sup> at Mt. Diablo Barbecue Terrace Group Campsite.

**Pick up:** 12:30pm, Saturday, September 17<sup>th</sup> at Mt. Diablo Barbecue Terrace Group Campsite  
2:00pm, Saturday, September 17<sup>th</sup> above Barbecue Terrace if participating in 5mile hike with map/compass.

**Other Details:** Arrive in Class A uniform. Bring a bag DINNER for Friday and plan Saturday BREAKFAST and LUNCH as a patrol.  
Don't forget to bring your 10 essentials for a campout, a mess kit and plenty of scout spirit.  
We will also hold a patrol corner for Scouts and interested ASMs on Sept 6<sup>th</sup>.

**Questions:** Anthony Mo [moanthonymo@gmail.com](mailto:moanthonymo@gmail.com) or 510-791-2833  
John Marshall [johnmarshall1970@gmail.com](mailto:johnmarshall1970@gmail.com) or 925-200-3715

**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, September 6<sup>th</sup>**

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**BOY SCOUTS OF AMERICA - TROOP 805**  
*INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT*

**Fall Campout September 16-17, 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.)

My son  WILL NOT participate in the optional 5mile hike  WILL participate in the optional 5mile hike

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: \_\_\_\_\_**

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