

BOY SCOUTS OF AMERICA - TROOP 805
ACTIVITY INFORMATION FORM
Troop 805 – Big Trees Campout - Sept 7-9, 2018
OSPL: TBD

What: Two nights of camping, cooking, campfires, Cave Tours and Giant Redwoods!

Scouts and parents, this is a fabulous trip to see some amazing sights in California!

Friday night we will set up camp at Big Trees Campground in Arnold, CA. After flags and a scout cooked breakfast, we'll head over to Murphy's for a tour of Mercer Caverns and enjoy a homemade ice cream (time permitting) in the historic town of Murphy's. A quick tour of Big Trees National Park will wrap up our epic weekend. All ranks are welcome. OSPL needed.

When: Friday, September 7 to Sunday, September 9

Where: Calaveras Big Trees and Mercer Caverns
Arnold, CA and Murphy's, CA

Cost: \$95 per Scout

Adult leaders are included in the cost. Parents are welcome to participate with updated med forms.

Meet: Sycamore Park and Ride

4:30 pm for 5:00 pm departure

Return: 4:00 pm at Park & Ride

Scouts should have \$5 to \$10 to buy lunch on the way home.

We will call with ETA from Angel's Camp.

Uniform: Class A Uniforms to travel, Class B for camping and cave tour

Details: All Scouts travel in full Class A Uniform, class B at camp

Friday: Brown bag dinner. Each Scout/adult responsible for lunch \$ needed for return trip.

Advancement Opportunities:

Bring your books!

Possible MBs: Geology, Forestry, Cooking, Camping... have your Scout think about what he can accomplish!

Cooks needed for Saturday Breakfast, Lunch & Dinner and Sunday Breakfast.

*** Signed Medical A&B Forms Required for all participants**

Parents: Drivers / campers needed! We will need an adult QM,

Questions: Mrs. Wong 925-525-0345 / harperiwong@gmail.com or

Mr Yamada 925-683-5381 / yujij@yahoo.com

BOY SCOUTS OF AMERICA - TROOP 805

Return the permission slips and Medical A&B forms and payment to your Patrol Leader.
*Patrol Leaders submit the collected slips and payment to the outing folder no later than the Troop Meeting on **Tuesday, August 21st 2018***

INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT **Big Trees / Mercer Caverns Campout September 7-9, 2018**

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): _____

Driver Information

Drive? (Check if Yes)	Vehicle Year / Make / Model	No. of Passenger s	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.)

WE NEED ADULTS TO PARTICIPATE TO MEET BSA REQUIREMENTS.

REGISTERED LEADERS: Will you be participating with the troop? Yes: Name: _____

Youth Protection Trained? Yes: YP expiration date: _____