

**BOY SCOUTS OF AMERICA  
TROOP 805**

*Activity Information Form*

**Fall Scout Skills: SURVIVOR – Ghost Lake  
Friday to Sunday, October 19-21, 2018**

**What:** Based on the popular TV show, Survivor, come enjoy a weekend campout at Del Valle Regional Park. We will be organized by Buddy Patrols, comprised of boys from each year, rather than by Patrol. Older Scouts help younger Scouts. This will enable each of the 6 teams to be equally balanced for competitions, revolving around core scouting skills to situational challenges. Specifically, we will focus on the skills needed to achieve rank advancement to first class and high adventure. ***Out-Law, Out-Camp, Out-Zorch!!!***

**When:** Friday, October 19<sup>th</sup> @ 5:00-8:00pm thru Sunday, October 21<sup>st</sup> @ 12:00pm

**Where:** **Cedar Group Camp (group campsite) at Del Valle Regional Park**

7000 Del Valle Road, Livermore (off Mines Road)

**Directions:** Drive to the entrance to Del Valle Regional Park. At the entry gate, inform the guard that you are dropping your Scout off for the Troop 805 campout at Cedar Group Campsite – no fee necessary. Next, drive forward (do NOT turn right) for just 500 feet. Perform a U-turn and you will be at the gate to Cedar Group campsite on your right at the roadside.

**Cost:** \$50 (includes 5 meals, supplies & campground)

**Drop/Pickup:** Drop off and pickup will be at Del Valle Regional Park (due to amount of gear that we are transporting.) *We will try to coordinate rides or a carpool in advance.*

**Other Details:** Arrive in Class A uniform between 5pm-7pm. Patrols **will** be cooking Friday DINNER together as well as Sunday BREAKFAST. If you need to complete cooking requirements, please let us know.

This should be considered a very intro backpacking trip. You must hike downhill 1/3<sup>rd</sup> of a mile to camp (no road access). You need to pack into your backpack any gear needed from your patrol box plus 10 essentials, as well as a mess kit and plenty of scout spirit.

**Questions:** John Marshall 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, Oct. 9<sup>th</sup> @ Troop Meeting – We will hold a patrol corner for Scouts and ASMs on Tuesday, Oct. 16<sup>th</sup>***

**→→→ Fall Scout Skills: Survivor – Oct. 19-21, 2018←←←**

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

**Fall Scout Skills: SURVIVOR – Ghost Lake, October 19-21, 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):** \_\_\_\_\_

**Tour Plan Information**

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

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