

SCOUTS BSA - TROOP 805
PARENTAL PERMISSION FOR PARTICIPATION IN AN OUTDOOR ACTIVITY
December 5 Scout Skills and Troop Hike

- What:** December Troop Hike and Scout Skills
- When:** Saturday, December 5, 9:00 AM to 3:00 PM
- Where:** Martin Canyon Creek Trail (park near 7669 Martin Canyon Road, Dublin)
- Cost:** \$0
- Uniform:** Class B and Hiking Shoes
- Bring:** [10 essentials](#), mask, water, lunch, scout book, pen and paper. (optional: hiking poles, hand sanitizer, gloves). Your nylon rope for the rope station, a Silva compass and cell phone for the Map and Compass station.
- RSVP:** Via [Troopmaster](#). Please indicate if you would like to be an instructor or participant.

Details:

Let's get some fresh air, complete various scout skill requirements, and have fun!

Those who sign up will receive a staggered arrival time to meet at the Martin Canyon Creek Trail in Dublin. Scouts will rotate between stations based on their customized schedules. For the five-mile hike, Scouts will hike through a densely wooded canyon, then arrive at the top to enjoy a lovely view of the sprawling Tri-Valley. The map and compass training will be stationed at the ridgeline, 1.5 miles from the trailhead.

If you are Star Rank and above, we highly encourage you to sign up and be an **instructor**. **You will be required to attend a review and planning session via Zoom on Sunday, November 29 at 7:00 PM** with Mr. Coughlin, Mr. Prindiville, and Mr. Benveniste.

For scouts working on their Trail to First Class (scout, tenderfoot, and second class), please complete [this survey](#) created by Josh Benveniste, the OSPL. Let us know what requirements you need so we can create a program that best benefits the scouts attending.

Questions: Contact [Mrs. Grace Dagen](#), [Mr. Dan Benveniste](#) or [Joshua Benveniste](#) (OSPL)

During Shelter-in-Place, return an electronic copy of the completed permission slip to [Mrs. Grace Dagen, gracedagen@yahoo.com](mailto:gracedagen@yahoo.com), by 12/1/2020. Please turn in the original at the activity check-in on.

SCOUTS BSA - TROOP 805
INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

December 5 Scout Skills and Troop Hike

I hereby give permission for my child, _____, to attend this outing with 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 also understand that any social or recreational activity like this outing comes with the risk that participants could be exposed to illnesses or viruses, including but not limited to COVID-19. 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 including the direction of the adult leaders of the activity. I release the Boy Scouts of America, the local council, Troop 805, 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.

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): _____

Please arrange for your own transportation. The troop will not organize carpools for this outing.

For everyone's safety, please wear a mask and only attend if you are feeling well and have not been exposed to people currently sick with or is suspected to have COVID. On the day of the event, notify Mrs. Dagen at (925) 389-4886 if you must cancel.

Questions: Contact Mrs. Grace Dagen, Mr. Dan Benveniste or Joshua Benveniste (OSPL)