

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Las Trampas Rocky Ridge Hike – Saturday, November 1, 2014

Sponsored by Yellow Jackets

- What:** This will be a nice 5-mile local hike from the Bollinger Canyon Staging Area parking lot following the trail up to the Rocky Ridge in the Las Trampas Regional Wilderness, out to where the trail merges with the Del Amigo Trail before turning and looping back to the staging area.
- When:** Meet at 9:30AM, depart promptly at 10:00AM
- Where:** Drop off and pickup at Parking lot at the end of Bollinger Canyon Road (go north on Bollinger Canyon Road from Crow Canyon Road, west of I-680)
- Cost:** None.
- Return:** Return time to the parking lot will be around 1:30/2:00pm; Scouts are to be picked up by parents at the parking lot at around 2:00pm.
- Uniform:** Class B troop t-shirt, hiking clothes & boots – no open toe shoes
- Details:** All participants will need: Class B, hiking clothes & boots, day pack, **2 liters of water**, trail food (GORP, etc.), rain gear, appropriate clothes for the weather and sunscreen and a bag lunch for the late/end of the hike.
- Questions:** Juan Garrahan, cell: 925-381-1652

Return the permission slips to your Patrol Leader.

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on
At PLC on Tuesday, October 28th OR scanned and sent by email prior to October 31st*

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Las Trampas Rocky Ridge Hike – November 1, 2014

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.)

WE NEED AT LEAST ONE MORE 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: _____