

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Intermediate Snow Camping - February 14-16, 2015

Sponsoring Patrol: KP

- What:** Intermediate snow camping in the Sierra Nevada Mountains. We will hike (or snowshoe) a short distance from our cars (100-500 yards) into camp at Carson Pass, and begin to construct snow shelters, returning to a cabin at South Lake Tahoe to sleep the first night. The second day, we will finish building our snow shelters and sleep in them, cooking and eating several meals in the snow environment, returning Monday.
- When:** Saturday, February 14th to Monday, February 16th, 2015.
- Where:** Sycamore Park & Ride, 7:00 a.m. sharp on Saturday 2/14.
- Cost:** \$100. Includes cabin, snowshoes, transportation, Sat dinner, Sun breakfast, snacks, hot drinks.
- Return:** Approximately 3:00 pm, Monday, 2/16 at Sycamore Park & Ride. Scouts will call 30 minutes ahead with an updated ETA.
- Prerequisites:** Third year (8th grade) scouts and above. Must have attended an Introduction to Snow Camping / Snowshoe outing.
- Uniform:** We will travel in snow gear.
- Important:** This outing is limited to 12 Scouts and 5 adults, on a first come, first served basis.
- Details:** Personal meals: Saturday sack lunch and Monday lunch on the return trip (bring \$10).
Patrol meals: Sunday lunch and dinner, Monday breakfast, snacks.
Troop provided meals: Saturday dinner, Sunday breakfast, snacks, drinks.
Mandatory Meetings (Scouts & Adults): Planning/Instructional meeting at the PLC on 1/27 and gear check at the troop meeting on 2/3. ***These are mandatory!***
Gear: Keep non-essential or bulky equipment to a minimum. Bring clothes for the cabin in a very small duffel bag, and snow camping items in a backpack. Use the snow camping equipment checklist on our website [here](#).
Please review the snow camping information on our website [here](#) before the planning meeting.
- Questions:** Mr. Gary; C: 925- 518-9896 or Mr. Mahoney; C: 925-899-3840.
- NOTE:** With the emphasis on safety, the location and schedule of this outing may change or even be cancelled on short notice based on snow levels, weather and mountain conditions.

Return the permission slip and \$100 to your Patrol Leader.

Patrol Leaders submit the collected slips, money to the outing folder no later than the PLC on

Tuesday, January 27, 2015.

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

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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 ADULT TO PARTICIPATE TO MEET BSA REQUIREMENTS.

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

Youth Protection Trained? Yes: YP expiration date: _____