

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Morgan Territory Backpacking – April 11-12, 2015

Sponsored by Backpackers

What: A two-day backpacking trek through the Morgan Territory Preserve, the Los Vaqueros Watershed, and into Round Valley Regional Preserve. We'll hike approximately 5-6 miles each day, with little climbing, and a net elevation loss from start to finish. **This trip is open to third year scouts (HB's, Dragons) and above.** This trip is designed as a season opener for those scouts interested in the additional backpack trips this season, or as a stand-alone outing. (*This outing is encouraged as an opening training outing for all Northern Tier crewmembers.*)

When: Saturday, April 11 to Sunday, April 12, 2015

Where: Morgan Territory Regional Preserve to Round Valley Regional Preserve

Cost: \$25 for campsite fees & food

Meet: Saturday, 9:00 a.m. at Sycamore School. **Note: this is NOT the Park & Ride** (Meet at Kindergarten/Beth Chaim parking area.)

Return: Sunday, approximately 2:30 p.m., at Sycamore School. Scouts will call ahead with actual time for pickup. (Our likely return window is between 1:30-3:30.)

Uniform: T805 hiking or other synthetic wicking shirt. (No cotton.)

Details: Participants need appropriate backpacking gear: backpacks, 10 essentials, boots, layered clothing, sunscreen & bug juice, sunglasses, hats, and 2-3 liters of water. Remember: "Cotton kills." So does the sun.

Bring sack lunch for Saturday. The Troop will provide meals planned by the group.

Mandatory pack check options:

- **Tuesday March 31 (after Court of Honor)**
- **Tuesday April 7 (7:00 pm, 1001 Jennifer Meadows Ct., Danville - Mr. Mahoney)**
- **By appointment prior to April 7**

We will need drivers to take us from Sycamore School to the Morgan Territory trailhead on Saturday, and to pick us up at the Round Valley trailhead on Sunday. Please indicate if you can help out by driving.

Questions: Mr. Gary, cell: 925-518-9896, email: todd@thegarys.net

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, March 31, 2015 (Court of Honor) or personally at April 7 pack check***

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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 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: _____