

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Intro to Backpacking at Sunol – April 11-12, 2014

Sponsored by Backpackers Patrol

What: A backpacking trip into the Sunol Wilderness. This short backpacking trek is (about 3 ½ miles each way) at very low elevation, with a relatively steep trail the last half mile. It is geared towards those Scouts with limited or no experience backpacking. Due to the physical requirements of this outing, **it is open to 2nd year scouts (Huskies & RGB) and older.**

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

Where: Sunol Regional Wilderness

Cost: \$20 for camp site fees & food

Meet: Saturday, 9:30 am at Sycamore Park & Ride. Plan to depart at 10 am.

Return: Sunday, around 12:00 pm at Sycamore Park & Ride.

Uniform: Class B troop t-shirt, hiking clothes & boots (no Class A)

Details: All participants will need a framed backpack, ten essentials, 2 liters of water and personal gear. Bring only essential, lightweight clothing and equipment, including a fleece or other lightweight pullover top for night and rain jacket.

Bring sack lunch and snack for Saturday. We will be providing backpacking meals for dinner and breakfast – if there are Scouts wanting to complete a cooking requirement, please let me know by March 31st. Food & camping equipment will be spread among the patrol members.

There will be a pack check for all participants on Wednesday, April 1st, at 7pm behind the Sycamore MPR or at Mr. Screechfield's house by special arrangement.

Questions: Kent Screechfield, cell: 925-736-5870, email: kscreechfield@trcsolutions.com

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 **Tuesday, March 31st***

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Sunol Backpacking – April 11-12, 2015

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: _____