

**BOY SCOUTS OF AMERICA - TROOP 805**  
*ACTIVITY INFORMATION FORM*

**Introduction to Basic Backpacking @ Redwood Regional Park**  
**Friday night, 7/12 through Sunday morning 7/14/2019**

OSPL: TBD

- What:** Come join us on a fun adventure where we learn the basics of backpacking and hiking. If you are thinking of going to Philmont in the next few years or just want to explore our beautiful trails, this adventure is for YOU! In this adventure, we learn how to properly pack our backpacks, filter our water (demonstration only), cook with backpacking stoves using white gas, eat re-hydrated food, learn trail etiquette, and finally learn basic map and compass navigation.
- When:** Friday, 7/12 to Sunday 7/14
- Who:** **Second year scouts and above**
- Where:** Redwood Regional Park (Girl's Camp site), Oakland, CA
- Cost:** \$40
- Meet:** Drop off @ Sycamore Park and Ride Friday, July 12<sup>th</sup> 2019 @ 5:30pm
- Pickup:** Pickup @ Sycamore Park and Ride Sunday, July 14<sup>th</sup> 2019 @ 11am
- Uniform:** Class A upon Arrival and Departure; Optional Class B for activities.

**Details:**

- Short 3-mile hike (one way)
- Use framed backpacks (external or internal frames)
- Hiking boots or good pair of athletic shoes
- Light weight sleeping bags
- Troop Tents provided
- 1-liter Nalgene bottle or camelback
- Fleece or lightweight pullover for night
- Bring sack dinner for Friday night - Saturday lunch, dinner and Sunday breakfast will be backpacking meals and cooked by the scouts

**Questions:** Contact Mr. James Mar at [ramsemaj@gmail.com](mailto:ramsemaj@gmail.com) or Mrs. Archana Arunkumar at [archana.arunkumar@gmail.com](mailto:archana.arunkumar@gmail.com).

***Drivers Needed!***  
***Please indicate if you can drive!***

**RSVP and submit payment at TroopMaster.**

*Patrol Leaders submit the collected slips to the outing folder no later than*  
***Tuesday, July 9<sup>th</sup>***

➔➔➔➔➔ Introduction to Basic Backpacking – July 12-14<sup>th</sup> 2019 ←←←←←

**BOY SCOUTS OF AMERICA - TROOP 805**  
*INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT*

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**Friday night, 7/12 through Sunday morning 7/14/2019**

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**

<b>Drive?</b> (Check if Yes)	<b>Vehicle</b> <b>Year / Make / Model</b>	<b>No. of</b> <b>Passengers</b>	<b>Driver's License / Name / Cell Phone</b>	<b>Auto Insurance</b> (Min.: \$50K/\$100K/\$50K)
<input type="checkbox"/> <b>To:</b>				
<input type="checkbox"/> <b>From:</b>				

*(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: \_\_\_\_\_**