

BOY SCOUTS OF AMERICA - TROOP 805
ACTIVITY INFORMATION FORM

Twin Canyon

November 1-2, 2019

OSPL – Jaryd Leong ASMs – Harper Wong, Yuji Yamada

- What:** Camping, 5-mile hike, cooking, orienteering, Scout skills
- When:** **Friday, November 1 to Saturday, November 2**
- Who:** **All Troop 805 Scouts, limited space**
- Where:** **Twin Canyon, 4010 Springhill Road, Lafayette, Contra Costa County**
- Cost:** \$45
- Meet:** **Danville Park & Ride Hikers 1:30**
Non-hikers 2:30
- Return:** **Pick-up at Twin Canyon 1:30**
- Uniform:** Class A to travel, Class B at camp.
All scouts should be prepared with the [10 essentials](#), and proper hiking shoes.

**Purpose &
Advancement**

This fall camping trip is a great opportunity for scouts to get outside for some hiking, cooking, orienteering and camping! A campfire and Zorch are also on the agenda.

Friday afternoon (no school!) meet at Danville Park & Ride to head to Twin Canyon:

1:30 for those hiking, 2:30 for non-hikers

Mr. Yamada will lead a 5 mile hike in Briones. Friday night includes cooking, a campfire and possibly Zorch! Saturday will include orienteering and time to work on scout skills. Meals include dinner, breakfast and lunch on Saturday.

Scouts: contact Jaryd Leong for cooking or leadership positions.

Questions: Mrs. Harper Wong: Cell 925-525-0345 email harperiwong@gmail.com

Mr. Yuji Yamada: Cell 925- 925-683-5381 email: yujy@yahoo.com

Emergency Contact: Amy Kelly: Cell 925-216-0292 email: 4amykelly@gmail.com

Permission slips and payment due
By **Tuesday, October 22nd 2019**

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

Twin Canyon Camping November 1-2, 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:** _____

Contact: Phone/text _____ **Contact: Phone/text** _____

If I cannot be reached in the event of an emergency, please notify the person named below:

Name: _____ **Contact: Phone/text** _____

The following information relates to my son:

Physician's Name: _____ **Phone:** _____

Insurance Company: _____ **Policy No.:** _____

Please list any allergies or medical information, including prescription and/or over the counter medications:

Check here: My son will participate in HIKING AND CAMPING CAMPING ONLY

Driver / Support 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: _____