

# BOY SCOUTS OF AMERICA - TROOP 805

## *ACTIVITY INFORMATION FORM*

### California Caverns Spelunking October 25-26, 2014

#### Sponsored by Flaming Arrows

- What:** Organized tour of the underground caverns and caves of California Caverns. Primary outing will be the Mammoth Cave expedition, a two hour tour walking, crawling and wiggling through natural passages which connect the 13 chambers of the cave. For those wishing a less challenging adventure, we will offer the Trail of Lights walking tour. This hour long tour explores many of the same cavern chambers and is a good introduction to spelunking. The second tour is offered contingent upon enough scout interest and adult support. We will end our outing camping overnight at nearby New Melones Recreation Area.
- When:** Saturday October 25<sup>th</sup> through Sunday October 26<sup>th</sup>, 2014
- Cost:** **Mammoth Caves Expedition \$120 for scouts and adults, Trail of Lights \$50 adults, \$44 scouts. Cost includes transportation, outing fee and overnight camping fee at New Melones Recreation Area.**
- Meet:** Sycamore Park & Ride lot at 8:00 a.m. on Saturday. We will leave promptly at 8:30 a.m.
- Return:** Approximately 1:00 pm. Scouts will be dropped off at Sycamore Park and Ride.
- Uniform:** Class A uniform will be required for trip to and from California Caverns.
- Details:** Participants on the Mammoth Cave expedition need to bring old clothes for the trek and a plastic trash bag to store wet clothes. The mud is somewhat resistant to washing and can ruin clothes. Participants on the Trail of Lights walk can wear class B uniform and boots. Please pack clothes and personal items in a sports bag rather than backpack. Bring a **BAG LUNCH for Saturday afternoon**. Patrols will need to plan menus for **Saturday DINNER and Sunday BREAKFAST**.

**Permission slips need to be returned to your patrol leader, and a tally provided to Mr. Carstensen no later than Tuesday October 14. Absolutely no late permission slips can be accepted. All participants will need to sign a waiver form from California Caverns. I will provide the required form in a separate email.**

**Questions:** Mr. Alan Carstensen; Home Phone: 925-999-9608, email: [adcarsten@pacbell.net](mailto:adcarsten@pacbell.net).

**Return the permission slips and check to your Patrol Leaders.**

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop meeting on  
**Tuesday, 10/14/2014***

# BOY SCOUTS OF AMERICA - TROOP 805

*INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT*

## California Caverns Spelunking October 25-26, 2014

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 THREE 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: \_\_\_\_\_**