

# BOY SCOUTS OF AMERICA – TROOP 805

## ACTIVITY INFORMATION FORM

### **Mt. Saint Helena Hike & Overnighter** **Saturday, January 16 – Sunday, January 17, 2016** **OSPL: Eric C.**

- What:** A hike to Mount St. Helena and an overnighter at Bothe-Napa Valley state park. (We will also tour a Petrified Forest!) This is an 11-mile round trip hike, with an elevation gain of 1,384 feet. At 4,343 feet, Mt. St. Helena is the highest peak in the East Bay. Completing the hike earns you the Mt. St. Helena leg of the Rim of the Bay hike series.
- When:** Saturday, January 16 – Sunday, January 17, 2016
- Meet:** Meet at the Sycamore Park-n-Ride, Danville at 7:30 AM. We will depart promptly at 8:00 AM.
- Return:** Approximately 3:30 PM on Sunday at the Sycamore Park-n-Ride, Danville.
- Cost:** \$110  
**Optional:** Rim of the Bay patch (\$5.50) and Mt. St. Helena rocker (\$1.50) - *Please note your selections in the permission slip signature page and include the cost in your payment.*
- Uniform:** Class B uniform is to be worn traveling to and during the hike. Class A is to be worn during the Petrified Forest tour and the return home.
- Details:** Bring a sack lunch, trail food, and 2-3 liters of water in a day pack for enjoyment during the hike. (Remember the Outdoor Code!) Average temperatures for this time of year are highs of 58°F and lows of 36°F. Rain is also a possibility. Please plan your personal Scout equipment accordingly. The hike will be first-up on Saturday. In addition, you will need to bring \$8-\$10 for lunch on Sunday.
- Questions:** Ray Chan, cell: 925-548-6179, email: [ray4scouting@gmail.com](mailto:ray4scouting@gmail.com)

**Return the permission slips to your Patrol Leader.**

*Patrol Leaders submit the collected slips to the outing folder no later than the Troop meeting on  
**Tuesday, January 5<sup>th</sup>, 2016.***

# BOY SCOUTS OF AMERICA – TROOP 805

INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

## Mt. Saint Helena Hike & Overnighter Saturday, January 16 – Sunday, January 17, 2016

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.)

### Optional patches (select 0 or more):

Rim of the Bay patch (\$5.50)

Mt Saint Helena rocker (\$1.50)

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?<br>(Check if Yes)       | Vehicle<br>Year / Make / Model | No. of<br>Passengers | Driver's License / Name / Cell Phone | Auto Insurance<br>(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.**

Parents & Leaders: Will you be participating with the troop? Yes:  Name: \_\_\_\_\_  
Youth Protection Trained? Yes:  YP expiration date: \_\_\_\_\_

➔ [Mt. Saint Helena Hike & Overnighter] - [Saturday, January 16<sup>th</sup> – Sunday, January 17<sup>th</sup>] ←