

BOY SCOUTS OF AMERICA - TROOP 805
ACTIVITY INFORMATION FORM

Sunol Beginner Backpacking – April 16th & 17th 2016

OSPL: [Needed]

What: This short introductory 2 day and 1 night backpacking trip into the Sunol Wilderness is for all Scouts 2nd year and above with limited or no backpacking experience. On day 1, we'll hike about 3.25 miles into the Stars Rest campsite with low elevation except for a climb the last ½ mile. On day 2, after breakfast and cleanup, we'll hike a quick 3.25 miles back to the trailhead.

When: Saturday, April 16 to Sunday, April 17, 2016

Who: All Scouts Second Year and above (Mutant Narwhals, Cobras **and older scouts**)

Where: Sunol Regional Wilderness – Stars Rest Campsite

Cost: \$25 for campsite, Sat dinner, Sunday breakfast and lunch at In-n-Out

Meet: Saturday, April 16th 2016 at 9:00 a.m. @ the Danville Park & Ride (Sycamore)

Return: Sunday, April 17th 2016 approximately 2:00 p.m., @ Danville Park & Ride. Scouts will call ahead with actual pickup time.

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

Details: All participants need a framed backpack, 10 essentials, boots and “quality rain gear” (waterproof shells for body, head and packs – no ponchos!), one extra day of clothes and for layering (synthetic please ... No Cotton, “Cotton kills”), extra socks, gallon ziplocks for dry clothes, synthetic sleeping bags, and water bottle(s) at least 1 liter (more is better).

Bring sack lunch for Saturday (in gallon ziploc, not paper sack). All other on-trail meals (Sat dinner, Sun breakfast), will be planned, purchased and provided. We will stop at In-n-Out just before returning to Park-n-Ride on Sunday (included in costs). All food and shared camping equipment will be spread around amongst all patrol members to carry and pack in to our campsite.

- *Mar 22nd - Permission Slips Due, Initial Equipment Discussion & Meal Planning*
- *Mar 29th - PLC: No Activity Planned – Back up “Pack Check”*
- *Apr 12th - Final Pack, Meal and Equipment Check before outing*

Note: For Scouts to work on 1st or 2nd class cooking rank advancement requirements, you must contact Mrs. Kim and Mr. Benveniste no later than 5pm on Monday Mar 21st

Questions: Mrs. Susan Kim at cell: 925-648-2288, dasrikims@yahoo.com; or Mr. Dan Benveniste at cell 415-646-6739, email: danieljbenveniste@gmail.com

Drivers needed: Please indicate if you can help out by driving.

Return the permission slips and checks to your Patrol Leader.

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on
Tuesday, March 22nd 2016*

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

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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: _____