

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

22-Mile Fages II Hike – June 4, 2016

Sponsored by OA (Order of the Arrow)

- What:** A challenging 22 mile one day hike through scenic Wildcat Canyon and Tilden Parks. The start and end of hike will be at Wildcat Canyon Alvarado Staging Area. This is a suggested training event for scouts going on high adventure outings later. This hike will also be open to any scout 12 years or older who has completed a 10 mile day hike/backpacking trip with Troop 805.
- When:** Saturday June 4, 2016
- Where:** Wildcat Canyon and Tilden Regional Parks
- Cost:** \$15 for the provided lunch and Fages II patch, check payable to “Troop 805” Also bring \$10 cash for dinner on the way home from hike.
- Meet:** Sycamore Park & Ride lot at **5:45 a.m. on Saturday**. We will leave promptly at 6:00 a.m. Eat a good breakfast and drink 2 glasses of water before coming.
- Return:** Approximately 8:00 pm. Scouts will be dropped off at their homes.
- Uniform:** Class B (not cotton) hiking shirt, hiking pants/shorts, sturdy hiking boots, and some form of headgear (broad brimmed hat preferred).
- Details:** All participants will need Class B (not cotton) hiking shirt, hiking pants/shorts, sturdy hiking boots, and some form of headgear (broad brimmed hat preferred), daypack, minimum 2 liters of water, trail food (GORP etc.), compass, rain gear, appropriate clothes for the weather and sunscreen. Lunch will be provided.
NOTE: All hikers – scouts and adults – must provide the BSA Medical Record (Parts A, B & C) in order to hike. Submit a copy of your medical forms to Mr. K. Chan by May 24, 2016.
- Questions:** Mr. Keith Chan; Home Phone: 925-829-3176, email: kchan.ca@gmail.com

Return the permission slip and check to your Patrol Leader

*Patrol Leaders submit the collected slips, checks to the outing folder no later than the Troop meeting
on **Tuesday, 05/24/2016***

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

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Scout : _____

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 (please print) : _____ Cell Phone : _____

The following information relates to my son:

Physician : _____ Phone : _____

Insurance Company : _____ Group # : _____ ID/Rec # : _____

Allergies or pertinent medical information (incl. Rx & OTC meds) : _____

Tour and Activity Plan information for adults:

Name	Driving (Y)?	Vehicle Type	Vehicle Make/Model/Year	No. of Seatbelts	Meet min. state's liability standard* ?	YPT Expiration
	To:				Yes No	
	From:				Yes No	

*Minimum Liability Insurance Requirements: \$15K for injury/death to one person, \$30K for injury/death to more than one person, \$5K for damage to property. (Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)

Registered Leaders

_____ will be participating with the troop outing, my YPT expires on _____

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