

TROOP 805 2016 WENTE SUMMER CAMP



Boy Scouts interested in attending Troop 805 Summer Camp at Camp Wente 2016 will need to fill out a reservation form to reserve a spot. Please review the information below and cost schedule. Please return completed camp reservation form, permission slip and payment to Mr. Chan no later than

December 15th, 2015.

**Camp Wente, Willits, CA
June 26th – July 2nd, 2016
Cost: \$450**

Camp Wente offers tall Douglas Fir trees and golden meadows. The 80-acre lake offers a natural setting for swimming, sailing, boating, and canoeing. It is considered one of the warmest lakes in the state. Wente offers a chance to backpack, sail, mountain bike, fish, ride horses, and go rock climbing all in one week. Scouts may try their hand at black powder musket firing, kayaking and rappelling. Wente is rich in wildlife and allows for the study of conservation, reforestation, wildlife management, woodcraft and nature study. Rifle, shotgun, and archery shooting are also popular activities. The campsites have tents on platforms. There are showers and meals are served in a dining hall.

Troop 805 has a limited number of slots for scouts and scouters. **To assist us in planning, we are asking you to indicate your interest in attending Camp Wente.**

To secure a reservation, please complete the attached reservation form and return it to the Scoutmaster with a check for **\$200** made payable to *Troop 805* no later than **December 15th, 2015.**

Please note that, as in the past, the \$200 deposit is not refundable although transferable to another scout.

Summer 2016 – Camp Wente Reservation
Please return this form to
Mr. Chan no later than December 15th, 2015

Scout Name: _____
Address: _____
Telephone: _____ Email: _____

**Camp Wente Scout Ranch, Willits, CA
June 26th – July 2nd, 2016**

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|---|-------|----------------|
| First Deposit Due by December 15 ^h , 2015 | \$200 | Date Received: |
| Second Deposit Due by January 26, 2016 | \$100 | Date Received: |
| FINAL Deposit Due by February 23 rd , 2016 | \$150 | Date Received: |

Checks are payable to **Troop 805** and should be submitted to Mr. Chan.

Please submit this camp reservation form with \$200 deposit by December 15th, 2015 and pay the rest in increments as per the schedule above. NOTE: The \$450 cost will cover summer camp fees, and patches. It DOES NOT include transportation fees. We will determine transportation cost at a later date.

IMPORTANT NOTE:

For your Scout to attend Summer Camp, we must have the following:

1. Wente Camp Reservation Submit to Mr. Chan by December 15th, 2015
2. FULL payment (\$450) is received by February 23rd, 2016
3. Permission Slip is filled in, signed, and submitted by December 15th, 2015
4. BSA Annual Health and Medical Record (Parts A, B, and C) – Rev. 2014 version is completed and submitted to Troop 805 no later than **June 7th, 2016**

NOTE: BSA Annual Health and Medical Record – Part C requires a physical exam by a licensed doctor. Please plan accordingly.

Thank you in advance for your interest and help on this.

If you have any questions, please contact Ray Chan (ray4scouting@gmail.com) 925-548-6179

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

Wente Summer Camp, Willits, CA– June 26th – July 2nd, 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.)

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 FIVE MORE ADULTS TO PARTICIPATE TO MEET BSA REQUIREMENTS.

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|--|
| REGISTERED LEADERS: Will you be participating with the troop? Yes: <input type="checkbox"/> Name: |
| Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____ |