

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Introduction to Snow Camping / Snowshoeing - February 18-19, 2017

OSPL: [Needed!]

What: Introduction to snow camping in the Sierra Nevada Mountains. We will learn basic snow camping skills, such as proper equipment, staying dry & warm, building snow shelters, and snowshoeing. We will be in the snow at Carson Pass during the day, and spend the night in a cabin at South Lake Tahoe. Sunday we'll go for a snowshoe before returning home.

Eligibility: 7th grade scouts and above.

When: Saturday, February 18th to Sunday February 19th.

Where: Sycamore Park & Ride, 6:00 a.m. sharp on Saturday February 18.

Cost: \$95. Includes cabin, snowshoes, transportation, permits and all meals (except Sat. sack lunch)

Return: Sunday, February 19, approximately 5:00 p.m. at Sycamore Park & Ride.

Uniform: We will travel in snow gear.

Important: This outing is limited to 12 scouts and 4 adults, on a first-come, first-served basis.

Details: *Mandatory Meetings (!) (Scouts & Adults):*

- Tues 1/17: Permission Slips Due
- Tues 1/24: Training (equipment) – for scouts and parents
- Tues 1/31: Meal planning
- Tues 2/7: Equipment check

Please review the snow camping information on our website [here](#) before the Training meeting.

Personal meals: Bring a trail lunch for Saturday (in gallon ziplocks – no paper bags).

Troop-provided meals: Saturday dinner, Sunday breakfast, Sunday trail lunch, snacks & hot drinks.

Questions: Mr. Gary, (925) 518-9896 or todd@thegarys.net

NOTE: With the emphasis on safety, the schedule of this outing may change or even be cancelled on short notice based on snow levels, weather and mountain conditions. (We are retaining the option of shifting the outing to Sunday/Monday if weather requires.)

Return the permission slip and \$95 to your Patrol Leader.

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop meeting on **Tuesday, January 17, 2017.***

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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:				
<small>(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)</small>				
WE NEED AT LEAST ONE MORE ADULT TO PARTICIPATE TO MEET BSA REQUIREMENTS.				
ADULTS: Will you be participating with the troop? Yes: <input type="checkbox"/> Name: _____				
Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____				