

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Sunol – Introduction to Backpacking

April 22nd & 23rd 2017

OSPL: [Needed]

What: This short introductory 2 day and 1 night backing trip into the Sunol Wilderness is for 2nd year and above Scouts with limited or no backpacking experience. On day 1 we'll hike about 3.5 miles into camp with low elevation except for a climb the last half mile. Check with your merit badge counselor, as there may be cooking opportunities for scout advancements.

When: Saturday, April 22 to Sunday, April 23, 2017

Who: 2nd Year Scouts and Above

Where: Sunol Regional Wilderness – Stars Rest Campsite

Cost: \$35 for campsite (Sat Dinner and Sunday Breakfast included @ \$5 per meal.)

Meet: Saturday April 22nd 2017 at 8:30 a.m. @ the Danville Park & Ride (Sycamore)

Return: Sunday, April 23rd 2017 approximately 1:30 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.

Bring trails snacks and sack lunch for Saturday (in gallon Ziploc, not paper sack). All other meals (Sat dinner, Sunday breakfast and lunch), will be planned, purchased and provided (either by troop or possibly by Patrol /scouts working on Cooking Merit Badge). If scouts would like to work on 1st or 2nd class cooking rank advancement requirements or a cooking merit badge, please coordinate with your Cooking Merit Badge counselor and Mr. Benveniste). Please note, food and camping equipment will be spread around amongst patrol members to carry and pack in to our camp-site.

- **Tuesday April 11th - @ Court of Honor - Permission Slips Due**
- **Tuesday April 18th - Pack Check, Equipment & Meal Planning**
- **Friday Apr 21st - Optional Final Pack, Meal and Equipment Check before outing**

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

Questions: Mr. Ray Chan, email ray4scouting@gmail.com or cell: 925-548-6179
Mr. Dan Benveniste at email: danieljbenveniste@gmail.com or cell 415-646-6739

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, April 11th 2017*

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

Intermediate Backpacking – April 22nd & 23rd 2017

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: