

TROOP 805
2017 CAMP CHERRY VALLEY SUMMER CAMP



Boy Scouts interested in attending Troop 805 Summer Camp at Cherry Valley 2017 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 **January 10th, 2017.**

Camp Cherry Valley, Catalina Island, CA
June 18th – June 24th, 2017
Cost: \$650

Camp Cherry is located on legendary Santa Catalina Island; it is a ferry ride across the channel to a camp that dates to the 1920s. A picturesque cove with sandy beach, swimming area and unusually clear water is situated at the mouth of Cherry Valley. Camp Cherry Valley offers opportunities for many water sports including world-class snorkeling, SCUBA diving, canoeing, rowing, sailing and swimming.

Because it is located on the leeward side of the island, the cove is calm making it a perfect place for lots of fun in the water. Hikes over mountainous terrain, war canoe races, touring an old silver mine, a sea lab with a touch tank so you can learn about local marine life is available. Camping in comfortable platform tents under a unique variety of cherry trees, a dining hall and more.

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 Cherry Valley now – we have 30 slots.**

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 **January 10th, 2017.**

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

Summer 2017 – Camp Cherry Valley Reservation

Please return this form to
Mr. Chan no later than January 10th, 2017

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

**Camp Cherry Valley, Catalina Island, CA
June 18th – June 24th, 2017**

First Deposit Due by January 10 th , 2017	\$200	Date Received:
Second Deposit Due by February 7, 2017	\$200	Date Received:
Third Deposit Due by March 21 st , 2017	\$250	Date Received:

NOTE: You can pay the full amount in one payment as an option.

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

Please submit this camp reservation form with \$200 deposit by January 10th, 2017 and pay the rest in increments as per the schedule above. The \$650 cost covers food, camp fees, and transportation to and from Catalina Island. The cost DOES NOT cover transportation cost from the Bay Area to Long Beach (Southern California)... there will be an additional cost for that transportation.

IMPORTANT NOTE:

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

1. Camp Reservation Submit to Mr. Chan by January 10th, 2017
2. FULL payment (\$650) is received by March 21st, 2017
3. Permission Slip is filled in, signed, and submitted by January 10th, 2017
4. BSA Annual Health and Medical Record (Parts A, B, and C) – Rev. 2016 version is completed and submitted to Troop 805 no later than **May 16th, 2017**.

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

SAVE THE DATE: A Special Parent Meeting to cover Cherry Valley Summer Camp Details will be on Tuesday, May 16th, 2017. More details will be provided as we get closer.

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

Camp Cherry Valley, Catalina Island, CA– June 18th – June 24th, 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 FIVE MORE ADULTS TO PARTICIPATE TO MEET BSA REQUIREMENTS.

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