

**BOY SCOUTS OF AMERICA  
TROOP 805**

Activity Information Form  
OSPL: Owen Hitchcock

**Mt. Diablo Juniper Camping on Saturday/Sunday, July 29-30, 2017**

**What:** Overnight camping, cooking, cards, campfire, s'mores, and an opportunity to enjoy amazing views in our local outdoors at nearby Mt. Diablo's Juniper Campground.  
As we will be cooking 3 meals on this trip, this will be a great opportunity to put your cooking talents to the test with a Mt. Diablo cooking challenge: ***Cooking with Juniper Berries!***  
We challenge each cooking group to present one dish that includes Juniper Berries.  
We will also be discussing and reviewing all of the cooking/food safety requirements for rank advancement from Scout through First Class.

**When:** Saturday, July 29<sup>th</sup> @ 3:00pm thru  
Sunday, July 30<sup>th</sup> @ 1:00pm (or earlier pickup OK)

**Where:** **Mt. Diablo: Juniper Campground**

From Blackhawk Rd., turn onto Mt. Diablo Scenic Blvd (becomes S. Gate Rd.). From here it should be approximately 9 miles to a left-hand turn off to Juniper Campground (beyond BBQ Terrace and beyond the right-hand turn onto Summit Rd). At the Ranger Station, parents can let the rangers know you are dropping your Scout(s) off and they should let you through without paying an entry fee.

**Cost:** \$30 (to cover supplies & site reservation)

**Meet:** 3:00pm Saturday on July 29<sup>th</sup> at Mt. Diablo Juniper Campground Campsite

**Pick up:** 1:00pm, Sunday, July 30<sup>th</sup> at Mt. Diablo Juniper Campground Campsite

**Other Details:** Arrive in Class A uniform. We will be cooking for Saturday DINNER, and Sunday BREAKFAST and LUNCH. Please let me know if you are pursuing cooking requirements. Don't forget to bring your 10 essentials for a campout, a mess kit and plenty of scout spirit.

**Questions:** John Marshall johnmarshall1970@gmail.com or 925-200-3715  
Yuji Yamada yujiy@yahoo.com

**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, July 25<sup>th</sup> @ PLC Meeting – We will hold a patrol corner for Scouts and ASMs on Tuesday, July 18<sup>th</sup>*

**➔➔➔➔➔ Mt. Diablo Juniper Camping – July 29-30, 2017 ←←←←←**

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

**Mt. Diablo Juniper Camping on Saturday/Sunday, July 29-30, 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**

<b>Drive?</b> (Check if Yes)	<b>Vehicle</b> Year / Make / Model	<b>No. of</b> Passengers	<b>Driver's License / Name / Cell Phone</b>	<b>Auto Insurance</b> (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.)

**REGISTERED LEADERS: Will you be participating with the troop? Yes:  Name:**

**Youth Protection Trained? Yes:  YP expiration date:**