

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### Beginning Backpacking – Black Diamond Mines

OSPL: TBD

- What:** Beginning Backpacking Trek – Black Diamond Mines
- When:** Saturday, May 5 – Sunday, May 6, 2018.
- Meet:** **Saturday, May 5th - 8:00 a.m.** - Meet at the Sycamore Valley Park and Ride
- Cost:** \$15
- Return:** **Sunday, May 6th – 12:00 p.m.** – Scouts will be dropped off at Sycamore Valley Park and Ride
- Uniform:** Class B – Backpacking Clothes
- Details:** This is our first Beginning Backpacking Trek of the year. We will be heading to Black Diamond Mines in Antioch, CA. **This trek is for 2<sup>nd</sup> Year Scouts and Older.**
- We will be learning all of the basic skills required for backpacking and will be preparing for future Intermediate and Advanced Backpacking treks, including a possible 50 miler next year!
- On this trek we will hiking doing 3 miles in to our campsite and 3 miles back the following day. We will also be touring the Hazel-Atlas Mine and any scouts that come can earn their Mining in Society Merit Badge!
- Scouts MUST come with a fully packed backpack ready for backpacking. **We will have a mandatory information meeting at the Troop Meeting on April 17<sup>th</sup> to go over gear and food.**
- Questions:** Gil Castro cell: 925-642-9425 email: [fish\\_lung@hotmail.com](mailto:fish_lung@hotmail.com)

**Return the permission slips to the box at the troop meeting by April 17<sup>th</sup>.**

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

**Beginning Backpacking – Black Diamond Mines – May 5-6, 2018**

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> <b>Year / Make / Model</b>	<b>No. of</b> <b>Passengers</b>	<b>Driver's License / Name / Cell Phone</b>	<b>Auto Insurance</b> (Min.: \$50K/\$100K/\$50K)
<input type="checkbox"/>				
<b>To:</b>				
<input type="checkbox"/>				
<b>From:</b>				

*(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)*

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