

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Mt. Diablo Cooking Camp Out II and Hike – May 12-13, 2018

An OSPL is needed for this outing

What: A one night two-day campout at Mt. Diablo BBQ Terrace group camp, a 5 mile hike for 2nd Class or Hiking merit badge requirement within the State Park, and did we mention there will be cooking?

When: Saturday, May 12 to Sunday, May 13, 2018.

Where: Mt. Diablo State Park – BBQ Terrace Group Site

Cost: \$25 (for scouts and adults) to cover the campsite and food.

Meet: 11:00am Saturday on May 12th at Mt. Diablo BBQ Terrace Campground Campsite. (Note: Park entry station will let cars drop off and pickup without fee if you mention the event.)

Pick Up: 10:30am, Sunday, May 13th at Mt. Diablo BBQ Terrace Campground Campsite

Details: All participants will need:

- 1) Class A uniform to travel to and from the campgrounds.
- 2) Hiking boots or good walking shoes, rain gear, sleeping bag, pad for sleeping bag, 10 essentials.
- 3) Cooks will plan their own food for Saturday LUNCH, DINNER, and Sunday BREAKFAST.

Websites: Mt. Diablo State Park (https://www.parks.ca.gov/?page_id=517)

Questions: Mr. Yuji Yamada; C: 925-683-5381, email: yujy@yahoo.com

Return the permission slips to your Patrol Leader.

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on **Tuesday, 05/01/18.***

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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:				

(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: _____