

## New Scout Campout at Lake Amador

**What's Happening:** New Scout Campout at Lake Amador.

**Dates & Times:** Saturday, March 17<sup>th</sup> – Sunday, March 18<sup>th</sup>.  
Meet at the Youth Center at 9:00 am on Saturday.  
Returning around noon on Sunday (estimated).

**Cost:** \$15.00 per person.

**Registration Deadline:** Troop Meeting on Wednesday, March 7<sup>th</sup>.

**What's Required To Go:**

1. Signed Permission Slip & Full Payment for each attendee.
2. BSA Forms Part A & B - current and on file for each attendee (BSA Policy), No Exceptions.
3. Youth Protection Training current and on file for all adults.

**Required Uniform:** Full Class A / Field Uniform for travel and "Troop 59"  
Class B / Activity Uniform for activities while in camp.

**What To Bring:**

1. Camping gear (sleeping bag, pad, pillow).
2. Personal gear (water bottle, water, scout book).
3. 10 essentials.

**TROOP 59 SPIRIT!**

**Trip Notes:** Seeking qualified scouts to help with introducing the new scouts to Troop 59!

All attendees are responsible for loading gear on Saturday and unloading gear on Sunday.

Grocery Shopping is March 15<sup>th</sup> (time to be determined) and is a requirement for each Patrol to send two representatives.

**Additional Activities at Camp:**

*\*Selecting and Setting Up Patrol Site*

*\*Fireman Chit*

*\*Introduction to your Compass*

*\*Knots, Knots, and more Knots*

*\*Introduction to EDGE Training*

*\*World Famous Scoutmaster Nighttime Hike*



# Authorization for Trip/Activity, Hold Harmless Agreement & Medical Treatment

## BOY SCOUT VERSION

### TRIP/ACTIVITY AUTHORIZATION:

I, the undersigned parent/guardian of: \_\_\_\_\_

whose birthday is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

authorize his participation in:

**NEW SCOUT CAMPOUT – LAKE AMADOR**

including travel by motor vehicle.

### INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION:

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by applicable rules and standards of conduct. In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. 160.103, 164.501, etc. seq. as amended from time to time, includes 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 guardians, and/or determination of the participant’s ability to continue in the program activities. With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

### AUTHORIZATION:

I hereby authorize the trip/activity; agree to the Hold Harmless Agreement & Agreement for Medical Treatment.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Telephone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Conditions/Allergies/Restrictions: \_\_\_\_\_

## BOY SCOUT VERSION

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Cash or Check #: \_\_\_\_\_



# Authorization for Trip/Activity, Hold Harmless Agreement & Medical Treatment

## ADULT VERSION

### TRIP/ACTIVITY AUTHORIZATION:

I, \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
authorize my participation in: **NEW SCOUT CAMPOUT – LAKE AMADOR** including travel by motor vehicle.

### INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION:

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by applicable rules and standards of conduct. In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. 160.103, 164.501, etc. seq. as amended from time to time, includes 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 guardians, and/or determination of the participant's ability to continue in the program activities. With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

### AUTHORIZATION:

I hereby authorize the trip/activity; agree to the Hold Harmless Agreement & Agreement for Medical Treatment.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Physician Telephone: \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Medical Conditions/Allergies/Restrictions: \_\_\_\_\_

### TRAVEL:

I, \_\_\_\_\_ will attend the trip/activity with my scout.  I will not attend.  
 I can drive  TO the event.  FROM the event.  I cannot drive.

My vehicle has a total of \_\_\_\_\_ Safety Belts. Drivers Mobile Number: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_  
Vehicle License Number: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_  
Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_  
Vehicle Insurance Company Name: \_\_\_\_\_ Policy Expires (mm/yy) \_\_\_\_\_  
Vehicle Insurance Limits: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
*Liability/Each Person (Min \$50,000) Liability/Each Accident (Min \$100,000) Property Damage (Min\$50,000)*

## ADULT VERSION

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash or Check #: \_\_\_\_\_