

BSA TROOP 228 CAMPOUT / ACTIVITY NOTIFICATION

What:	Canoe Trip		
Where:	Black Canyon (Hoover Dam) to Nelson's Landing – Colorado River		
Weather:			
Who:	Registered Scouts and Scouters		
Times: Depart	8:30 am DEPARTING 9am SHARP	To: Boulder Beach Campground	
Outing Schedule:	See attached outing schedule (subject to minor adjustments) Also see Custom Map outlined in Google Maps (email sent with link location, please share as desired)		
Arrive	4:00 pm, Friday	At: First Pres Church	
Project Leader:		Email:	
		Phone:	(cell) limited coverage in canyon
FEE:	\$100 + food on the road money Register / Sign-up on Troop website at www.OxnardTroop228.org		
Emergency Notification :			
		Phone:	
Committee Chair:	Angela Whitecomb	Scoutmaster:	Jeff Zook
Phone:	805-218-5505	Phone:	805-824-3525
Time of Return Notification: <i>We will have scouts call all parents for approximate arrival time: arrival time between 3 - 4 pm</i>			
Other Instructions / Comments / Misc Info:	<ul style="list-style-type: none"> All scouts must be able to swim and have passed the BSA swimmer's test. Boaters must be constantly alert for underwater and partially submerged hazards such as sandbars, rocks, glass, or snags on the river. The current varies from 3 – 5 knots depending on the area and amount of water being released from Hoover Dam. Electronic personal devices are incompatible with troop outing and therefore are not permitted. Only exception is travel to and from the event, although this is discouraged. In the event of an emergency, every effort will be made to contact those listed as Emergency Contact on the attached form. Kayaking and Canoeing entails known and unanticipated risks which could result in injury. Every effort will be made to reduce those risks, but some risks simply can't be eliminated without jeopardizing the essential qualities of the activity. Risk include but not limited to: boat capsize, travel in remote areas, prolonged exposure to cold water and adverse weather conditions, hypothermia, slips and falls while hiking, and back injuries. The registered adults on this outing have been trained to BSA requirements on Safe Swim Defense, Safety Afloat, First Aid, and Hazardous Weather Training. However, they are not infallible, unknown physical conditions of the participants, inadequate warnings or instructions, quickly changing weather and/or equipment malfunctions can always happen. 		

Special Note:

BSA TROOP 228 - - CAMPOUT APPLICATION / PERMISSION SLIP
PLEASE READ AND COMPLETE THIS FORM CAREFULLY

My son _____ has my permission to attend an off-site activity with BSA Troop 228 as described on the cover sheet to this permission form.

PARENT AND SCOUT COMMITMENTS

By completing and returning this form to the project leader, you have made a reservation in your scout's name and have accepted responsibility to pay the associated fee. See the campout/activity notice for event fee amount!

I have read the list of recommended personal gear ATTACHED. "Other Instructions" (and any attached checklist), and confirm that my scout will be properly clothed & equipped for this activity.

I understand that the leaders cannot check each boy's pack before departure.

The use of tobacco products by scouts, as well as the use of alcohol and/or illegal drugs by scouts and Scouters is absolutely prohibited at all Scout activities. Scout's initials _____ & Adult's initials _____

LATE ARRIVAL -- EARLY PICK UP: DESCRIPTION AND NOTIFICATION:

EARLY PICK UP RELEASE (SIGNATURE AT TIME OF RELEASE):

MEDICAL AND EMERGENCY INFORMATION

In the event of an emergency, when I or a designated contact cannot be reached at the telephone number provided below, the senior registered adult leader at the campout (activity) is authorized to act in my behalf at his/her discretion. Unless I have noted otherwise in the **SPECIAL INSTRUCTIONS SECTION** of this form, my son does not have any medical history [conditions, diseases, allergic reactions, etc.] about which a physician would need to know in an emergency.

For minor conditions, I authorize the senior registered adult leader to administer the following brand-name drugs or their generic equivalent:

[please circle those for which you give permission and strike-out those for which you do not give permission]:

<input type="checkbox"/> Actifed	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Calamine Lotion	<input type="checkbox"/> Anti-diarrhea	<input type="checkbox"/> Anti-acid	<input type="checkbox"/> Sudafed
<input type="checkbox"/> Advil / Ibuprophen	<input type="checkbox"/> Caladryl	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Pepto-Bismol	<input type="checkbox"/> Neosporin	<input type="checkbox"/> Tylenol

ACUTE MEDICAL CONDITIONS:

ALLERGIES / CHRONIC MEDICAL CONDITIONS:

SPECIAL INSTRUCTIONS :

EMERGENCY PHONE:

MOBILE PHONE : (OPTIONAL)

ALTERNATE EMERGENCY POC (OPTIONAL):

RELATIONSHIP:

PHONE: _____

MOBILE: _____

SIGNATURE

NAME:

SIGNATURE:

DATE::