

**From:** Troop 71 Info [info@troop71.info]  
**Sent:** Tuesday, April 14, 2015 4:09 PM  
**To:** troop71bsa-donotreply@yahoo.com  
**Subject:** Five Mile Hike Info  
**Attachments:** Activity\_Consent\_Form-5\_Mile\_Hike.pdf

So, I "teased" the 5-mile Hike in the last email's subject line, but didn't include any information.

Our annual 5-mile hike will be this weekend, Saturday and Sunday, 18-19 April.

We'll meet at 5/3 Pavilion at the West end of Dayton-Xenia Rd in Beavercreek (right before D-X Rd crosses I-675), and hike the bike trail East down to just before Trebein Rd (Bob Messmore's "Farm"). Meeting time will be 0930. We'll be hiking no later than 10AM. When we get there, we'll load personal camping gear (packed separate from day-pack: see below) into vehicles to be shuttled to the camp site. Based on past years' experience, I would estimate that we'll be at the campsite circa 2PM,

Scouts will cook and camp as Patrols, so they need to plan a menu tonight, and someone will be the "Grubmaster", purchasing food for each Patrol for Dinner Saturday Night, Cracker Barrel (an evening "snack"), and Sunday Breakfast. We'll use the time after we're done hiking and before "sleep" to teach, learn, and practice Scoutcraft/Outdoors skills. There are 8 (4-man) Troop tents available for use, and/or Scouts are welcome to bring their own. No Scout should sleep alone, and the new scout Patrols have first dibs on the Troop tents. Adults will sleep separate from the Scouts (many/most of them solo in their own tents--ask if you need to borrow a tent!).

Each scout should come prepared with (again) the Scouting 10 Essentials (link below) for the hike, including a day-pack with a bag-lunch they can eat when we stop at Angel's Pass (the park at the Factory Rd/Hwy35 intersection).

We'll be eating breakfast, cleaning up, and striking camp in the morning, so please plan to pick up your sons about 11AM.

I'll send an address for Bob's later this week. We will need Activity Consent Forms (attached) and your son MUST HAVE a BSA Physical Form (Parts A & B--parents only, not the doctor part) on file or bring it to the event. If I don't have both documents, I'll have to send your son home.

Evan James

<http://boyslife.org/outdoors/outdoorarticles/6976/scout-outdoor-essentials-checklist/>

# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

## FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at [www.scouting.org/forms](http://www.scouting.org/forms).

Se recomienda que la unidad use este formulario para obtener la aprobación y consentimiento para los Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers e invitados (si es que aplica) menores de 21 años que participen en un viaje, expedición o actividad del den, pack, equipo, tropa o grupo. Este formulario es obligatorio junto con los permisos de vuelo y deben adjuntarse a la solicitud de permiso de vuelo. Se recomienda que los padres de familia guarden una copia del formulario y se pongan en contacto con el líder de la excursión si es que tienen alguna pregunta o en caso de que se necesite un contacto de emergencia. Las copias adicionales de este formulario junto con la *Guía para un Scouting seguro* se encuentran disponibles para descargar desde Scouting Safely en [www.scouting.org/forms](http://www.scouting.org/forms).

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido	Birth date (month/day/year) Fecha de nacimiento (día/mes/año)	Age during activity Edad al momento de realizar la actividad		
Address Domicilio						
City Ciudad	<input type="text"/>		State Estado	<input type="text"/>		Zip Código postal
Has approval to participate in (Name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (Nombre de la actividad, vuelo de orientación, excursión, etc.)						
<input type="checkbox"/> Without restrictions Sin restricciones						
<input type="checkbox"/> Special considerations or restrictions: Consideraciones o restricciones especiales: <input type="text"/>						
From De	(Date) (fecha)	to a	(Date) (fecha)			

### HOLD HARMLESS AGREEMENT

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, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

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.

### ACUERDO DE INDEMNIZACIÓN Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. He considerado cuidadosamente el riesgo involucrado y doy mi consentimiento para mi mismo o mi hijo para participar en la actividad. Entiendo que la participación en la actividad es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes. Libero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, partes relacionadas u otras organizaciones asociadas con la actividad de cualquiera y todas las demandas o responsabilidades que surjan de esta participación.

En caso de una emergencia que tenga que ver con mi hijo, sé que se harán todos los esfuerzos necesarios para contactarme. En caso de que no me contacten, autorizo al proveedor médico seleccionado por el líder adulto encargado, de asegurarse de que se le ofrezca a mi hijo el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamento. Los proveedores médicos están autorizados para informar al adulto encargado los hallazgos de la exploración física, los resultados de pruebas y el tratamiento otorgado con el propósito de una evaluación médica del participante, seguimiento y comunicación con los padres o tutores del participante y/o la determinación de la capacidad del participante para continuar en las actividades del programa.

Participant's signature Firma del participante		Date Fecha
Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor		Parent/guardian signature Firma del padre de familia/tutor
Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)		Email (for use in sharing more details about the trip or activity) Correo electrónico (para más detalles sobre el viaje o actividad)
Contact the adult tour leader with any questions: Póngase en contacto con el líder adulto de la excursión si es que tiene preguntas:		
Name Nombre	Mr. Bill Ruck	Phone Teléfono
		937-558-6361
		Email Correo electrónico
		wruck@me.com



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