



**Cabin Camping Trip
December 7 - 9, 2018
Camp Turrell**



We will be Cabin camping at Camp Turrell. The camp is located in the foothills of the Catskill Mountains in Cuddebackville New York (1 hour, 20 min from Oradell).

**Assemble: Friday, December 7th at Borough Hall, 6:15 p.m.
Depart: 6:45 p.m.
Return: Sunday, December 9 at Borough Hall, 12:00 (approx.)**

**Permission Slip due by November 30, 2018
with \$15.00 check payable to "Troop 36 BSA"
Hand slips in at the start of the meeting !!**

There will be opportunities for rank advancement. Scouts should coordinate with their patrol leaders to get the most out of the weekend.

Scouts to be dressed in Class B uniform.



A. VOLUNTEERS: We need your help. Please volunteer!!

Print name: _____ Cell Phone: _____

I will be able to attend the entire trip (y/n): _____ # of scouts I can transport: _____

I'm unable to attend but will be able to drive to the camp Friday night (y/n): _____

of scouts I can transport: _____

I'm unable to attend but will be able to pick up from camp Sunday morning (y/n): _____

of scouts I can transport: _____

(Note that we no longer need to collect automobile information)

SAFE SCOUTING TRANSPORTATION POLICY

It is essential that adequate, safe, and responsible transportation be used for all Scouting activities. Because most accidents occur within a short distance from home, safety precautions are necessary, even on short trips.

General guidelines are as follows:

1. Seat belts are required for all occupants.
2. All drivers must have a valid driver's license that has not been suspended or revoked for any reason. If the vehicle to be used is designed to carry more than 15 persons, including the driver (more than 10 persons, including the driver in California), the driver must have a commercial driver's license (CDL)
3. An adult leader (at least 21 years of age) must be in charge and accompany the group.
4. The driver must be currently licensed and at least 18 years of age. Youth member exception: When traveling to and from an area, regional, or national Boy Scout activity or any Venturing event under the leadership of an adult (at least 21 years of age) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions:
 - a. Six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted)
 - b. No record of accidents or moving violations
 - c. Parental permission granted to the leader, driver, and riders
5. Passenger cars or station wagons may be used for transporting passengers, but passengers should not ride on the rear deck of station wagons.
6. Trucks may not be used for transporting passengers except in the cab.
7. All driving, except short trips, should be done in daylight.
8. All vehicles must be covered by automobile liability insurance with limits that meet or exceed requirements of the state in which the vehicle is licensed. It is recommended that coverage limits are at least \$50,000/\$100,000/\$50,000. Any vehicle designed to carry 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000.
9. Do not exceed the speed limit.
10. Do not travel in convoy.
11. Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, foot and recreation stops. If there is only one driver, the driving time should be reduced and stops should be made more frequently. Don't drive drowsy. Stop for rest and stretch breaks as needed. Fatigue is a major cause of highway accident fatalities.

I have read the Safe Scouting Transportation policy and agree to abide by the rules.

Signature _____

My Youth Protection expiration date is _____



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

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) Fecha de nacimiento (mes/día/año)	Age during activity Edad al momento de realizar la actividad	

Address Domicilio		
City Ciudad	State Estado	Zip Código postal

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) From to

Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.) De (Date)
(fecha) a (Date)
(fecha)

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

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 all applicable rules and the standards of conduct.

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

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 guardian, and/or determination of the participant's ability to continue in the program activities.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

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.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

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.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

List participant restrictions, if any:

None

Restricciones del participante, si existen:

Ninguna

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	Date Fecha

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 informar más detalles sobre el viaje o actividad)

Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name 	Phone 	Email
Nombre	Teléfono	Correo electrónico