



**Tent Camping Trip  
November 2 - 4, 2018  
Worthington State Park**



**We will be tent camping at Worthington State Park in Columbia NJ (1:12 from Oradell).**

**This is a nice group campsite alongside the Delaware River.**

**Assemble: Friday, November 2 at Borough Hall, 6:15 p.m.  
Depart: 6:45 p.m.  
Return: Sunday, November 4 at Borough Hall, 12:00 (approx.)**

**Permission Slip due by October 24, 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.**

**Leave in Class B uniform.**

**A. ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN**

Full name of participant: \_\_\_\_\_

Address/City: \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_\_ Age during activity \_\_\_\_\_

Has approval to participate in: Camping, Hiking,, and outdoor activities

From: **11/ 02 /2018** to **11 / 04 /2018**

- Without restrictions  
 Special considerations or restrictions:



**B. 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 \_\_\_\_\_



**C. MEDICAL Info / First Aid Permission**

In order to account for all possible and unforeseen circumstances, it is extremely important to obtain permission from you that, in the event of a medical emergency, your child would be able to receive medical attention. Please sign and fill in the following confidential information.

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (    ) \_\_\_\_\_ Work No. (    ) \_\_\_\_\_

Emergency Phone Number : (    ) \_\_\_\_\_

Medical Plan: (please check appropriate one):

BLUE CROSS: \_\_\_\_\_ BLUE SHIELD: \_\_\_\_\_ OTHER: (Please list) \_\_\_\_\_

Subscribers Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Type: \_\_\_\_\_

Coverage Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**TO: Adult Leaders - Troop #36                      Boy Scouts of America**

For my son, \_\_\_\_\_, I give permission to the leaders of the above unit to render First Aid, should the need arise. In case of an emergency involving my child, I understand that every effort will be made to contact the individual listed as the emergency contact person prior to any medical treatment. In the event that this person cannot be reached, I give permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections of medication, or secure other medical treatment, as needed and I accept full financial responsibility for the same. 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 my child.

I have carefully considered the risk(s) involved and give consent for my child to participate in these activities. I further agree to hold BSA Troop 36, its leaders, and affiliates harmless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

Allergic Medications: \_\_\_\_\_

Additional Medical History:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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



**D. 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, volunteer, 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.

Participant's (SCOUT's) signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian printed name \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Area code & telephone number

\_\_\_\_\_  
Email (for sharing details about trip/activity)

*Contact the adult tour leader with any questions:  
Scoutmaster David Saldana  
Phone: 201-218-1277  
email: [saldanatroop36@gmail.com](mailto:saldanatroop36@gmail.com)*