

Boy Scout Troop 710
Schabarum Trail to Power Canyon Trail Loop
Saturday, April 10, 2021



Activity: Day hike 5 miles Schabarum Park
Meet/Leave: 7 am administration building at entrance of Schabarum Park
Return: no later than 11 am administration

Description:

An opportunity to enjoy the outdoors with a 5 mile hike.

Transportation:

All scouts are to be transported by their own parent/s.

Who should go?

This activity is open to family members, able to make a "Moderate " hike.

Sign-up, Permission Slips, & Questions?

Scouts should carry their own first aid kit, with PPE. Medical form is to be carried with the scout all other forms please email to Chuck at: twoplusto@earthlink.net or send to his cell: 626-695-8007

If you have any questions concerning this activity, the scout should contact Chuck.

What to bring:

Hat, sun block, sunglasses, and appropriate pants/shorts, close toes shoes. You are to bring your own water/s, food, and person items. Ten essentials Plus.

Return lower portion

PERMISSION SLIP

Activity: Day hike 5 miles Schabarum Park
Meet/Leave: 7 am administration building at entrance of Schabarum Park
Return: no later than 11 am administration

(I)(We) the undersigned Parents(s)/Guardians(s) of _____ (a Scout), is granting permission for this scout to attend the aforementioned activity and will see that this minor is properly equipped.
(I)(We) the undersigned Parents(s)/Guardians(s) understand the adult leaders(s) will attempt to enforce reasonable safety precautions. However, I will not hold Troop 710 or any leader connected with Troop 710 responsible in case of accident or injury to the above Scout. I understand that Troop 710 may not provide medical insurance coverage and that any or all medical expenses incurred by this Scout may be the sole responsibility of (I)(We) the undersigned Parent(s)/Guardians(s).
(I)(We) the undersigned Parent(s)/Guardians(s), also authorize the adult leader(s) to act as agent(s) of the undersigned, to consent to any professional transportation (i.e. ambulance), X-ray examination, anesthetic, medical/surgical diagnosis or treatment and hospital care which is deemed advisable by, and to be rendered from a licensed Physician or Surgeon. This authorization will remain effective for the duration listed above or till the Scout is returned to (I)(We) the undersigned Parent(s)/Guardians(s).

Signature of Parent(s) / Guardians(s)

Date

Telephone number

Adult Name: _____ can stay at this activity and assist with supervision.

Signature(s) of driver(s)

Date

Diver Cell Phone Number