

## Troop 777 Trek Sign Up

- Activity:** *La Costa Reserve Philmont Shakedown*
- Date:** *Sunday, April 22*
- Description:** *This trek is a Philmont Shakedown. For the first part of the trek, we will be looking at a backpack packed to go to Philmont with a Q&A session. The second half we will be doing a 6.5 mile hike through the La Costa Reserve.*
- Prerequisite(s):** A completed and signed Trek sign-up form and payment.  
A current copy of your Annual Health and Medical Record (BSA form 680-001) *Parts A and B are needed for all activities, Part C for resident camps and events 72 hours or more.*
- Depart:** *3632 Corte Claro, Carlsbad, CA 92009 at 9:00 am*
- Return:** *3632 Corte Claro, Carlsbad, CA 92009 at around 3:30 pm*
- Cost:** *\$0*
- Other:** *Lunch will not be provided. We will be having lunch on the trail, so bring your favorite trail food for snacks and lunch.*
- Instructions:** *We will be meeting at the entrance to La Costa Reserve located next to the depart address. Bring a full pack loaded with the things you think you'll be bringing to Philmont, as well as at least 4 liters of water.*
- Scout in Charge:** *Jonathan Stafslien, (760) 644-4850, jstafslien10@gmail.com*
- Adult in Charge:** *James Chiavatti, jchiavatti@yahoo.com*
- Emergencies:** *Tom Stafslien, (760) 310-2007, tstafslien@sbcglobal.net*

*(Keep this part for reference)*

(Return this part with parent signature)

## La Costa Reserve Philmont Shakedown on Sunday, April 22

### Scout

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ BSA Health & Medical form completion date (valid 1 yr): \_\_\_\_\_

Cook Master (Circle one): **YES / NO**    Assistant Cook Master (Circle one): **YES / NO**

### Adult

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ BSA Health & Medical form completion date (valid 1 yr): \_\_\_\_\_

Youth Protection Training Completion date (valid 2 yrs): \_\_\_\_\_ CPR and First Aid completion date (valid 2 yrs): \_\_\_\_\_

#### Applicable Training (Enter Completion dates)

Climb On Safety: \_\_\_\_\_ HALTT: \_\_\_\_\_ Safe Swim Defense: \_\_\_\_\_

Safety Afloat: \_\_\_\_\_ Trek Safely: \_\_\_\_\_ Weather Hazards: \_\_\_\_\_

**I Can Drive (Circle one): YES / NO**

Reimbursement by Scout Account unless otherwise requested

#### Vehicle and Insurance (Public Liability) Information

Make, Model, Year, Color	License Plate	# of seatbelts	Owner's Name	Each Person (min = \$50,000)	Each Accident (min=\$100,000)	Property Damage (min=\$50,000)

Trek Cost			Method of Payment (check one)		
Cost per person	# of persons	Total Amount Due	Paid by Cash	Paid by Check	Scout Account
\$	X	= \$			

Make checks payable to "BSA Troop 777"

List participant restrictions, if any (e.g. medical and health conditions, dietary or allergy, etc.)

I understand that participation in activities offered through Boy Scouts of America (BSA) Troop 777 involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risks involved, and in view of the fact that the BSA Troop 777 is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my Scout(s), I have given: \_\_\_\_\_ (name), my consent to participate in the activity above on the dates shown above.

By signing below, I certify that the above information is true and accurate to the best of my knowledge. I understand that I may be required to supply proof of any of the above information and I or my Scout(s) may be denied permission to participate

Signature of Adult(s), Parent(s) or Legal Guardian(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_