

## Troop 777 Trek Sign Up

**Activity:** Mount Baden-Powell Troop Hike and Philmont Shakedown

**Date:** *Saturday, June 23<sup>rd</sup>, 2018*

**Description:** This tough and intermediate day hike will be for scouts 13 years and older. These scouts must have been on at least one intermediate backpack. Scouts using this as a Philmont Shakedown will wear full packs. Non-Philmont Scouts and parents can wear day packs. The Mount Baden-Powell hike packs a lot into a relatively short distance. On your way to the summit of Mt Baden-Powell (9,399 feet), you'll experience the Pacific Crest Trail (PCT), a monument for Mt Baden-Powell's namesake, Lord Baden-Powell, founder of the Boy Scouts, a barren saddle with jaw-dropping views, and a 1500-year old limber pine. And at the summit you'll enjoy sweeping panoramic views of the San Gabriel Mountains. Participants will also receive a prestigious (and very cool) Mt. Baden Powell patch.



**Prerequisite(s):**

1. A completed and signed Trek sign-up form.
2. A current copy of your Annual Health and Medical Record Parts A & B are required for all activities.
3. Trek payment in full.
4. List one intermediate backpack trek experience in your confirmation email.

**Depart:** *Saturday, June 23<sup>rd</sup>, 8:00am Dick's Sporting Goods*

**Return:** *Saturday, June 23<sup>rd</sup>, 6:00pm (approx.) Dick's Sporting Goods*

**Cost:** **\$18**

**Instructions:** Signup deadline if June 6<sup>th</sup>. Bring a sack lunch for the hike, and cash for In-N-Out on the way home.

**Scout in Charge:** **Drew Nance: [drewjoshuanance@gmail.com](mailto:drewjoshuanance@gmail.com)**

**Adult in Charge:** **Bob Nance: (760) 809-7151 | [bnance@pushmarketing.us](mailto:bnance@pushmarketing.us)**

**Emergencies:** **Heidi Lee: 760-331-7798**

(Keep this part for reference)

(Return this part with parent signature)

**Mount Baden-Powell Troop Hike, June 23<sup>rd</sup>, 2018**

**Participant** – Complete a separate form for each Scout and Adult attending the activity

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

**Adult / Emergency Contact** – for each participant

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

**Additional Adult Information** – for Adults attending the trek

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

**Other Applicable Training** (Enter Completion dates)

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

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

**I Can Drive:** ; **Reimburse me for fuel by Check:** ; **or donate to T777 scholarship fund:**

**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** - Make checks payable to "BSA Troop 777"

Cost per person:  Method of Payment: 

Paid by Cash	Paid by Check	Scout Account
<input type="text"/>	<input type="text"/>	<input type="text"/>

List any participant restrictions (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 \_\_\_\_\_