



BOY SCOUT TROOP 834 "THE SHACK" SAN RAMON



BOY SCOUTS
OF AMERICA

Come and Check out Troop 834!

sanramonscouts.org/join

Greetings!

You are invited to check out Scouting with Troop 834. 834 is a boy-led / adult-mentored troop that calls "The Shack" home. We love outdoor activities: camping, backpacking, canoeing, skiing. We are active year round. The troop has lots of equipment: tents, backpacks, stoves... even canoes. Come join the fun!

Troop 834 is for boys who have completed the 5th grade and/or who are at least 11 years old. You don't need to have been a Cub Scout... ALL boys can join a scout troop. We've had boys join while in high school... and they made friends and memories that will last a lifetime! If you're 11 to 17 years old you can be a Scout

TROOP MEETINGS - we invite you to check out our regular troop meetings

7:00-8:30 PM, Tuesdays -- Please email and let us know when you'd like to come! Some meetings/events are NOT held at the Shack so please do contact us before coming out.

WHERE WE MEET: The Scout Shack, 28 Holly Court -- Far WEST end of Bollinger Canyon Road, San Ramon. It's a bit of a drive... but it's worth it!

DIRECTIONS: Take Bollinger Canyon Rd. west of Crow Canyon Rd. towards Las Trampas Park & Stables. After the 25 MPH sign, turn right at the "Fire Danger" sign onto Holly Ct (3.3 miles from Crow Canyon). If you've gone past the "Fire Danger" sign, you've gone too far!

ADULT PARTICIPATION: Your parents are welcome to visit as well!

This fall we have **SPECIAL MEETINGS** planned for new boys to check out Troop 834:

- **August 17 @ 6:30PM... Swim Party** at 2401 Palmina Pl, San Ramon, CA 94583
- **August 31 @ 6:30PM... Hike** at Las Trampas Regional Park. Meet at the parking lot at the very end of Bollinger Canyon Road.
- **September 14 @ 6:30PM... Ultimate Frisbee** @ San Ramon Central Park. Meet at the Amphitheater
- **September 28 @ 7PM... Mini Golf!** Meet at The Shack!

Questions? Please contact Alec Hurd... newscout@bsatroup834.org

Troop 834 Outing Permission Slip... Fall 2021

"Check out Scouting with Troop 834" Events

8/17 Swimming 8/31 Hiking 9/14 Frisbee 9/28 Mini Golf

Print Youth or Adult Participant's Name _____

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

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.

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.

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.

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.

List participant restrictions, if any: _____

Participant's Signature _____ Date: _____

Print Parent/Guardian Name
Or Participating Adult Name

Signature (if not above)

Date

Primary (Home/Cell)
and Emergency Phones