

Day Hike or Overnight (Your Choice) Mt. Wittenberg/Sky Camp

Saturday/Sunday, March 13-14, 2010

Come join us for a day hike on Mount Wittenberg in Point Reyes.

Alternatively, hike up on Saturday, spend the night at Sky Camp, and hike back down a different trail on Sunday.

Participation in the overnight event will earn the hiker a Rim Rover Patch



Who is invited on the Outing?

All Scouts and Registered Adults in Troop 73

ASM/Leader: Mark Fogelman: cell: 328-0395; home: 898-5656; geojammers@yahoo.com

Committee Coordinator: Sue Hunt: cell: 328-4043; home: 898-5656; shunt@fbm.com

Where: Mt. Wittenberg – Pt. Reyes National Seashore

What Kind of Event – Day Hike (5-6 miles) OR Overnight + Hike (10+ miles)

For more information, see http://www.trails.com/tcatalog_trail.aspx?trailid=XFA036-008 and <http://www.sfbac.org/files/images/pdfs/hiking/MountWittenberg.pdf> and http://www.nps.gov/pore/playourvisit/upload/map_park_with_relief.pdf

When:

Departure:	Sat 3/13/10	Time: NOON	Good Shepherd Church
Return:	Sat 3/13/10 (day hike)	Time: 5:00 PM	Good Shepherd Church
Return:	Sun 3/14/10 (overnight)	Time: 4:00 PM	Good Shepherd Church

What to bring:

Weather is unpredictable and could include storms, wind, and rain. Please dress in layers. Hiking boots are required. Bring at least two liters of water per hiker. A camping/backpacking list will be provided. EAT LUNCH BEFORE YOU ARRIVE ON SATURDAY. The group will not be stopping for or preparing meals until Saturday dinner.

REGISTER BY MONDAY MARCH 8, 2010

For participants in the overnight, the deposit is \$10 – and you must complete the attached permission slip and have a current medical form on file with the Troop.

There is no fee for the day hike, but you must complete the attached permission slip and have a current medical form on file with the Troop.

This trip is open to Boy Scouts in Troop 73 and Active Registered Adults only.

Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for my child to participate in this outing with Troop 73. Each Scout will need a current Medical form on file to attend trip. If your child requires Medication, complete a medication form prior to trip. We will need the medication in the original prescription package with the original pharmacy label.

Location:

Departure: Sat 3/13/10 **Time:** 8:00 am Good Shepherd Church

Return (check one):

_____ **Sat 3/13/10** **Time:** 5:00 PM Good Shepherd Church
Activity: Day Hike at Mt. Wittenberg in Pt. Reyes

_____ **Sun 3/14/10** **Time:** 3:00 PM Good Shepherd Church
Activity: Hike and overnight at Sky Camp - Mt. Wittenberg in Pt. Reyes

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the 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, volunteers, 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.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Signed: _____ **Date:** _____
(Parent or Guardian)

Registered Adult(s) Attending Event:

Driver Information:

Name of Driver _____

Driver's License Number _____ Expiration _____

Make, Model, Color and Year of Vehicle _____

Number of Seat Belts (including driver) _____ Cell Phone Number ____ - ____ - _____

Auto insurance in excess of CA State Requirements? ___Yes ___No (please list below)