

# Day Hike – Tomales Point Trail

## Saturday, July 31, 2010

**Come join us for a day hike on the Tomales Point Trail in beautiful Pt. Reyes. Participation in this event qualifies the hiker for a Marin Hiking Trails 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:** Tomales Point Trail – Pt. Reyes National Seashore

**What Kind of Event – Day Hike (10 miles) over good trails with moderate elevation gains.**

For more information, see [http://www.nps.gov/pore/planyourvisit/hiking\\_guide.htm](http://www.nps.gov/pore/planyourvisit/hiking_guide.htm) (scroll down to the description of the Tomales Point Trail hike).

### When:

**Departure:** Sat 7/31/10  
**Return:** Sat 7/31/10

**Time:** 7:30 AM  
**Time:** 5:00 PM

Good Shepherd Church  
Good Shepherd Church

### What to bring:

Weather is unpredictable and could include storms, wind, and rain. Please dress in layers. **HIKING BOOTS ARE REQUIRED.** Eat a good breakfast that morning. Bring a bag lunch, trail snacks, and at least two liters of water per hiker.

**REGISTER BY MONDAY JULY 26, 2010**

**There is no fee for this 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. Please check with ASM Mark Fogelman if you have questions about your ability to participate. **NOTE ALSO: There will be at least one – and possibly 2 – Friday afternoon/evening practice hikes before July 31. These practice hikes are a good opportunity to evaluate your ability to participate in the Tomales Point hike. Talk to Mark or Sue about signing up for practice hikes.**

# 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 6/12/10      **Time:** 7:30 am    Good Shepherd Church

**Return:** Sat 6/12/10      **Time:** 5:00 PM    Good Shepherd Church

## 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)