

**TROOP 774 JOSHUA TREE CAMPOUT**  
**March 20-21, 2009**

Trip Description: This is a desert camp that has water and toilet facilities. We will set up camp at Indian Cove where we have reserved 5 campsites. We will leave Friday and arrive at the campground 3 hours later. Saturday morning after breakfast we will join the BSA Certified Climbing Instructors at the morning rock climbing venue. After returning to camp for lunch we will return for an afternoon of climbing. Saturday evening a "Solar System Ambassador," an astronomer, will join us for dinner and stay to set up telescopes to view and photograph the new moon night sky. We will break camp after breakfast Sunday morning and begin our return home.

Meet: San Dieguito United Methodist Church Friday March 20 for departure.

Return: Sunday at SDUMC around 1:00 pm

Contact: Mr. Phil Dell or Mrs. Carol Romero

Cost: \$25

Other info: Send money for snack stop on the trip out and lunch on the way back

Scout requirements: Scouts to pack personal gear in their duffel bag or back pack for car camping. Bring Scout handbooks if you need advancement. All Scouts to bring the Scout Essentials in a day pack, a water bottle, sunscreen and a pair of leather gloves. Scouts must wear snug fitting lace-up shoes (smoothed soled tennis shoes are better than big lugged boots or running shoes).

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission to him to participate in the Joshua Tree Trek with Troop 774. I approve of the unit leaders who will be in charge of the care and supervision of my son. I also certify that to the best of my knowledge the Scout hereon is physically fit to engage in the activity described above.

**Authorization and consent to Treat a Minor Pursuant to California Civil Code Section 25.8.** The undersigned does hereby authorize the Adult Leaders of Troop 774, medical personnel, or such substitute as they may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of Medical Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere. This authorization will remain effective while the above minor is in route to/from or while participating in any Boy Scout program or activity of the San Diego-Imperial Council, Boy Scouts of America, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

My son needs medication during this activity which he will provide: **YES NO**  
(circle one)

Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Name \_\_\_\_\_  
(circle one) (signature) (print)

I am available to drive # \_\_\_\_\_ scouts **TO FROM** the venue. Year/Make of vehicle \_\_\_\_\_  
(circle one or both)

In Case of Emergency Please Notify: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance: Company or Provider: \_\_\_\_\_ Phone \_\_\_\_\_

Policy/Group# \_\_\_\_\_ Physician's Name/Phone \_\_\_\_\_