



## Pack and Troop 360 4<sup>th</sup> of July Campout

Now Open For  
Registration

Fellow Members of Pack and Troop 360:

For quite a few years we have celebrated the 4<sup>th</sup> of July together though recently we have been unable to camp out because the legal holiday fell on a day that didn't work. This year, the 4<sup>th</sup> of July holiday is on Monday and we have a terrific campsite just steps from the beach in Santa Barbara County.

The location is El Capitan State Beach. This is a public campsite but we have a separate area to ourselves. It is large and features flush toilets. I have tried for years to get this site but until now have been unsuccessful.

El Capitan State Beach is approximately 2 hours drive from Beth Jacob Congregation (111 miles).

Our 4<sup>th</sup> of July campout tentatively runs from Sunday July 4<sup>th</sup> at 2 PM to Monday July 5<sup>th</sup> at 2 PM. The cost is \$20 per person and includes:

- Three Kosher meals plus campfire snack
- Campsite for an enjoyable night of camping
- Sunday night campfire
- Lots of Cub and Boy Scout programming

**Registration is now open. See the registration form on pages 2 and 3 below.**

**Questions?** Contact Cubmaster Jeff at 310-273-8888 or [jfeuer@insidesaleslab.com](mailto:jfeuer@insidesaleslab.com).

A more detailed schedule will be published after our leadership meeting.

Regards, Cubmaster Jeff



Pack and Troop 360  
4<sup>th</sup> of July Campout  
**Registration Form**  
*Please print clearly.*

E-Mail Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Family Name: _____  List each first name below	Age	Check Only One					
		Cub Scout	Boy Scout	Girl Scout	Venturer	Sibling	Adult
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							
6. _____							

# \_\_\_\_\_ Sunday and Monday x \$20.00 \$ \_\_\_\_\_

# \_\_\_\_\_ Sunday Only x \$10.00 \$ \_\_\_\_\_

# \_\_\_\_\_ Monday Only x \$10.00 \$ \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

If Paying on Line: Enter your PayPal Confirmation number: \_\_\_\_\_

If Registering by Mail: Mail pages 2 & 3 of this form along with a check payable to “**Cub Scouts Pack 360**” to:

Mr. Ami Adler ([ami@df.com](mailto:ami@df.com))  
1536 South Durango Avenue  
Los Angeles, CA 90035

# Informed Consent and Hold Harmless/Release Agreement

## Release of Liability

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself, my children, family, and guests to participate in these activities. I understand that participation in these activities 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.

## Permission to Obtain & Use Medical Information and Provide Medical Treatment

I approve the sharing of medical information with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities. In case of an emergency involving me or my child, I understand that every effort will be made to contact a related responsible adult. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge 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, including 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 without restrictions or with special considerations or restrictions listed here:

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## Video and Photography Release

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

**I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.**

Parent or Guardian's signature:

Date:

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(must be 18 or over)