

## Malibu Creek State Park Pioneering Trip - Feb 10-11, 2024

- PLAN:** Meet at Coast Christian Fellowship by 8:00AM. We will return approximately 12:00PM on Sunday to the In-N-Out on Crenshaw Blvd at Skypark. We will do pioneering projects and a hike on Saturday. We plan to visit the MASH TV site and the park's visitor center. On Sunday we will play Capture the Flag after breakfast and the devotional.
- WHEN:** Saturday - Sunday, February 10-11, 2024
- WHERE:** Malibu Creek State Park is an adventurous, great park, with an exciting history. Many classic movies were captured here, including Planet of the Apes, Tarzan and MASH. Additionally, the park is very close, only 45 miles from Coast Christian Church.
- BRING:** All regular camping equipment for a car camp, including your 10 essentials. Bring a sack lunch for Saturday and money for In-N-Out on Sunday. Food by patrols for Saturday dinner and Sunday breakfast. Wear your troop tshirt. Have your daypacks packed with your lunch, snacks and water as you will need them as soon as you arrive.
- Fee:** \$25 for gas, equipment and camping.
- Help:** Parents are welcome to come. WE WILL NEED DRIVERS!!!
- Questions:** Please Contact Jacob Hinojos at (424)360-8509 or [jacob.hinojos08@gmail.com](mailto:jacob.hinojos08@gmail.com)

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**Return the bottom portion of this form by February 5, 2024**

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Scout \_\_\_\_\_ has my permission to participate in the Malibu Creek trip on February 10-11, 2024. Any of the Troop's adult leaders have my permission to seek medical treatment for my son in case of illness, injury or accident. I hereby give my Permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injection or surgery for my son in accordance with the provisions of Section 25.8 of the civil code of the state of California. Under no circumstances whatsoever will we hold liable or make a claim against Troop 413 or any of its officers, leaders or agents for any accidents, injury, first aid rendered, treatment, drugs, medicine or surgical procedures performed in accordance with participation in the above activity. We acknowledge that this activity falls under the Troop 413 Waiver, Release and Indemnity Agreement as well as the continuing acknowledgment, permission slip and release both of which we have previously signed. I have discussed with my son the Troop Conduct Guidelines, and we agree to be bound by that policy. As a parent I will immediately drive out to the camp if the Scout Master or Troop Leader requests that I do so. I will be on time to pick-up my son and will leave an alternative number in case I do not plan to be available at home.

Parent's Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_ Alternate? (     ) \_\_\_\_\_

Can parent drive? (Circle one) Yes or No    How many seatbelts in car? \_\_\_\_\_ Will parent attend? Yes or No

Parent's  
Signature \_\_\_\_\_

Medications, Limitations, Allergies or other Comments:

\_\_\_\_\_.

Fees: Scout \_\_\_\_\_ Adult \_\_\_\_\_ Total \_\_\_\_\_ Check# \_\_\_\_\_

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