



**EMERGENCY ACTION PLAN AND FLOOD PLAIN ACKNOWLEDGMENT**

Activity/Event: Summer Camp 2026

Location: Camp Strake (2020 Camp Strake Road, Coldspring, Texas 77331)

Name of Camp Attendee: \_\_\_\_\_

I acknowledge that I am the parent or guardian of the above-named camp attendee. I have been advised of, and I have reviewed, the Emergency Action Plans for the Sam Houston Area Council and its camping locations. (located on the Sam Houston Area Council website at [www.shacbsa.org/emergency-action-plan](http://www.shacbsa.org/emergency-action-plan))

I further acknowledge that I am aware that no portions of any developed Sam Houston Area Council camps are within established flood plains.

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Parent/Guardian Signature (If under 18)

\_\_\_\_\_  
Date of Acknowledgement