



EMERGENCY ACTION PLAN AND FLOOD PLAIN ACKNOWLEDGMENT

Activity/Event: _____

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

Name of Youth Attendee: _____

I acknowledge that I am the parent or guardian of the above-named youth 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)

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

Parent/Guardian Name

Parent/Guardian Signature

Date of Acknowledgement