

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Black Diamond Mines – October 10-11, 2015

Sponsored by RGB

What: The Black Diamond Mines Regional Preserve is a 6,000-acre park located north of Mount Diablo in Contra Costa County, California under the administration of the East Bay Regional Park District. This is a one night camping with tour of the Hazel-Atlas mines and hike around the remains of twelve coal mines and the sites of five long-gone coal mining towns.

This outing has a limit of 35 people for the group campsite.

When: Saturday to Sunday, October 10-11, 2015

Where: http://www.ebparks.org/parks/black_diamond
<https://goo.gl/maps/QZmGu>

Cost: \$35 – includes group campsite and guided tour of mines

Meet: 8:00AM Saturday 10/10/2015 at Sycamore Park & Ride lot

Return: Approximately noontime Sunday 10/11/2015 at Sycamore Park & Ride lot

Uniform: Class A

Details: Sack lunch for Saturday and light backpacks for Hazel-Atlas Mines tour and 2 mile hike to Star Mine Group Camp Area. Camping equipment will be dropped off at group campsite. Plan for Saturday night and Sunday morning patrol meal. No water is available at the campsite.

Questions: Tat Huen, mobile 510-816-6883, email: tat@huen.com

Return the permission slips and check to your Patrol Leaders.

*Patrol Leaders submit the collected slips & money to the outing folder no later than the Troop meeting
on **Tuesday, 9/15/2015***

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

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I hereby give permission for my son, _____, to attend this outing with Boy Scout Troop 805. I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity 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, participants, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

If this activity involves archery or firearms, I hereby give express consent for a qualified range instructor to furnish BSA-approved archery or firearm equipment to the participant for the purpose of instruction in the safe handling and use of such equipment and related activities at designated ranges.

I hereby give permission for the adult leaders to give over-the-counter (OTC) medicines as needed (e.g. Aleve for headache, fever, inflammation, pain; Benadryl for allergic reactions, nasal allergies, hives and itching; Lomotil for diarrhea; etc.) In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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. (All reasonable measures will be taken to safeguard the health and safety of the Troop's members.)

Name of Parent or Guardian (*please print*): _____

Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____

If I cannot be reached in the event of an emergency, please notify the person named below:

Name: _____ Cell Phone: _____

The following information relates to my son:

Physician's Name: _____ Phone: _____

Insurance Company: _____ Policy No: _____

Allergies or pertinent medical information (incl. Rx & OTC meds): _____

Tour Plan Information

Drive? (Check if Yes)	Vehicle Year / Make / Model	No. of Passengers	Driver's License / Name / Cell Phone	Auto Insurance (Min.: \$50K/\$100K/\$50K)
<input type="checkbox"/>				
To:				
<input type="checkbox"/>				
From:				

(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)

REGISTERED ADULTS: Will you be participating with the troop? Yes: Name: _____

Youth Protection Trained? Yes: YP expiration date: _____

1st Choice: _____ 2nd Choice: _____

Please provide 2 alternative choices: _____