

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Swimming Rank Advancement Opportunity – Saturday, March 19, 2016

OSPL: [Needed]

What: Swimming Rank Advancement / Merit Badge Opportunity. You can work on completing

- 2nd class 5b, 5c, 5d (equivalent to pre-2016 requirement 8a, 8b, 8c)
- 1st class 6a, 6e (equivalent to pre-2016 requirement 9b, 9c)
- Swimming merit badge

When: 2:00p.m. – 4:00 p.m., Saturday, March 19, 2016.

Where: Blackhawk Country Club (BHCC)

Logistics: Parents must stay with scouts

Uniforms: Wear swimming attire

Meet: Blackhawk Country Club Pool: **1098 Eagle Nest Pl, Danville, CA 9450**

Details: + Parents must also sign [Blackhawk Country Club Wavier](#)
+ Snacks / Drink will be provided

Cost: \$15 / scout

Restriction: Outing is for second year and above scouts only

Questions: Mrs. Ma phone: (925) 640-3619 or email: ada_ip@yahoo.com;
ASM for the outing is Mr. Benveniste

Return the permission slips to your Patrol Leader.

Patrol Leaders submit the collected slips to the outing folder no later than the Troop Meeting on

Tuesday, March 15

BOY SCOUTS OF AMERICA - TROOP 805
INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Swimming Rank Advancement Opportunity – Saturday, March 19, 2016

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 and/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.

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): _____