

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### ***Relay for Life Service Project – July 29, July 30 and July 31, 2016***

Sponsored by OA

**What:** We will be assisting the American Cancer Society at their premiere local fund raising event ***Relay for Life***. We will need scouts and adults to help with set-up and take down for the event. We also need scouts to perform the Relay Flag Ceremony. Participation will count for Service Hours needed for rank advancement.

**When:** You can sign up (see page 2) for one, two or all of the following events:

Setup: Friday, July 29 from 5 pm to 7 pm.

Flag Ceremony: Saturday, July 30 from 9:30 am to 10:30 am.

Take Down: Sunday, July 31 from 10:00 am to 12 noon.

**Meet:** Cal High School, 9870 Broadmoor Drive, San Ramon (Football Stadium)

**Cost:** Free

**Travel:** Participants are responsible for their own transportation to and from this event.

**Uniform:** Class B (except those doing the Flag Ceremony – must be in Class A)

**Other Info:** This is a great opportunity to earn community service hours for rank advancement OR to satisfy part of requirement 7 for Citizenship in the Community Merit Badge. (Please consult with your Merit Badge Counselor at least a week **PRIOR** to the event to understand the requirements. Scouts can volunteer additional time at the event Saturday to reach the 8 hours specified in the Merit Badge.)

**Questions:** Barbara Miyao – cell (925) 895-7565 – [barbara.miyao@gmail.com](mailto:barbara.miyao@gmail.com)

**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 July 19, 2016***

**→→→→→ Relay for Life Service Project – July 29, July 30 and July 31, 2016 ←←←←←**

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## INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

### **Relay for Life Service Project – July 29, July 30 and July 31, 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 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):** \_\_\_\_\_

#### Shifts

			Scout	Adult
Set-up - Friday	5 PM – 7 PM	6 Scouts and 4 Adults	<input type="checkbox"/>	<input type="checkbox"/>
Take-down - Sunday	10:00 AM – 12 noon	6 Scouts and 4 Adults	<input type="checkbox"/>	<input type="checkbox"/>
Flag Ceremony - Saturday	9:30 AM – 10:30 AM	4 Scouts	<input type="checkbox"/>	

Adult Name: _____
Youth Protection Trained? Yes: <input type="checkbox"/> YP Expiration Date: _____