

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

STAR Scout Conservation Service Project for Life Rank – July 21, 2018

OSPL: Jack Kelly

- What:** City of San Ramon Parks Make Life Better
- When:** Saturday, July 21st 9am-12pm
- Cost:** FREE
- Meet:** Bellingham Square Park (1281 Bellingham Square in San Ramon) – Scouts/Parents will need to coordinate drop off and pick up from the Park
- Uniform:** T805 Class B shirt
- Rank:** STAR & LIFE Scouts
- Details:** For STAR Scouts working on their Life Scout Rank Req #4 Conservation-related service hours. Join the City of San Ramon Parks Maintenance staff to help maintain and beautify our neighborhood parks on Saturday July 21 from 9am-12pm at Bellingham Square Park. Tasks will include planting, pruning, applying mulch and general clean up. **This is a CLASS B activity. Wear closed toe shoes and sun protection. Bring work gloves and a filled water bottle.** Light refreshments provided. Parents will drop off and pick up their scouts at Bellingham Square Park. In addition to the Troop permission slip, Star Scout parents will also need to complete a Volunteer Application form for the City of San Ramon and review the Volunteer Handbook with their scout prior to the event. Volunteer Application forms will be due by 6/26 as they take minimum 2 weeks for processing.
- Adults:** Adults are welcome to join in this service project. Please contact Amy.
- Questions:** Mrs. Kelly: Cell 925.216.0292 / 4amykelly@gmail.com or
Mr. Chan: Cell 925.548.6179 / ray4scouting@gmail.com

**Registration in TroopMaster, City of San Ramon Volunteer Application, and Troop Permission Slip
are due by
*Tuesday, June 26, 2018***

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

City of San Ramon Parks Make Life Better – July 21, 2018

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): _____

WE NEED AT LEAST ONE MORE ADULTs TO PARTICIPATE TO MEET BSA REQUIREMENTS.
REGISTERED LEADERS: Will you be participating with the troop? Yes: <input type="checkbox"/> Name: _____
Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____