

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### Annual Troop 805 – Troop Sponsored Swim August 7<sup>th</sup> 2018

- What:** Annual Troop 805 - Troop Swim (in place of Troop Meeting)
- When:** Tuesday Aug 7<sup>th</sup> 2018 @ 7:00p to 8:30p
- Where:** **Drop & Pickup Scouts @** California High Pool / San Ramon Aquatics Center
- 9900 Broadmoor Dr, San Ramon, CA 94583
- Cost:** \$2 for Scouts; \$5 for participating / observing non-Leader Parents.
- Uniform:** Swim shorts, towel and warm clothing to change into (T805 Class B)
- Details:**
- All Scouts who have not passed a BSA Swim Test as recorded in TroopMaster will be required to take the Swim test (100 yrd Swim). Non-Swimmers will be allowed in the shallow roped off area of the pool (subject to pool operations and staff).
  - Must bring this signed permission slip and cash for entrance fee, towel, water bottle change of clothes (could get cold), swim goggles (optional)... etc.
- Parents:** Please walk your Scout and hand-off custody to the ASM leader in-front of gates. You are more then welcome to stay and watch from the bleachers. Cost is \$5 entrance fee.
- Questions:** Contact:
- Dan Benveniste Cell 415-646-6739 / [dan@Benveniste.us](mailto:dan@Benveniste.us) and/or
  - Harper Wong cell 925-525-0345 [harperiwong@gmail.com](mailto:harperiwong@gmail.com)

**Bring permission slips to the Pool along with Cash.**  
*on Tuesday, August 7<sup>th</sup> 2018*

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

**Troop 805 –Troop Swim @ Cal High San Ramon CA August 7<sup>th</sup> 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):** \_\_\_\_\_

**Tour Plan Information**

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

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

**WE NEED AT LEAST ONE MORE ADULTs TO PARTICIPATE TO MEET BSA REQUIREMENTS.**

**REGISTERED LEADERS: Will you be participating with the troop? Yes:  Name: \_\_\_\_\_**

**Youth Protection Trained? Yes:  YP expiration date: \_\_\_\_\_**