

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

1st Annual Troop 805 – Scout Choice Campathlon - August 17th - 19th 2018

OSPL: Josh Benveniste

- What:** First Annual Troop 805 Scout Choice Campathlon
- When:** Friday Aug 17th to Sunday, Aug 19th 2018
- Where:** Ranchos Los Mochos – 18450 Mines Rd, Livermore, CA 94550
- Cost:** \$25 for Scouts and Adults; includes 4 scout meals;
- Meet:** Sycamore Park and Ride – Departing @ 4:30pm sharp
- Return:** Scouts will return to Sycamore Park and Ride on Sunday at approximately 1pm or 2pm. Scouts will call ahead with actual pickup time or if running late.
- Uniform:** T805 Class A & B hiking or other synthetic wicking shirt.

Details: All Scouts travel in full Class A Uniform

Scout and Patrol Choice of Activities: Archery, Zorch, Card Games, Fireside skits (bring costumes, jokes, cheers, songs and “repeat after me” programs), Geocaching, Orienteering, Cooking, Hiking, Sleeping, Board Games like Monopoly, Sorry, Apples to Apples and more. Learn how to make your favorite Cobbler... and maybe Mr. B will make Ice Cream

Advancement Opportunities: Tenderfoot, 2nd Class, 1st Class, Cooking and service project (if you want).

Each Scout brings Friday dinner ready to eat in a bag. Patrols may be mixed up, so you will need to plan menus for Saturday’s breakfast, lunch & dinner and Sunday’s breakfast.

*** Signed Medical A&B Forms Required**

Parents: **Come along** - Easy local Fun Campout opportunity where you can help the troop while “observing your Scout ...”from a distance”

Questions: Mr. Benveniste Cell 415-646-6739 / dan@Benveniste.us

Return the permission slips and Medical A&B forms and payment to your Patrol Leader.

*Patrol Leaders submit the collected slips and payment to the outing folder no later than the Troop Meeting on **Tuesday, August 14th 2018***

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Troop 805 – All Troop Campout @Rancho Los Mochos August 17th to 19th 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

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.)

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:** _____