

**BOY SCOUTS OF AMERICA - TROOP 805**  
*ACTIVITY INFORMATION FORM*  
**Scout Skills Weekend April 12<sup>th</sup> thru 14<sup>th</sup> 2019**

OSPL: TBD

**What:** An overnight camping trip & Scout Skill Weekend at George Ranch in Fremont. Skills will include Firem'n Chit, Totin' Chip, and a variety of other Scout and camping skills (e.g. Cooking, First Aid, Fire Building, Leadership Training, Flag Ceremonies, and more). Be sure to bring 10 Essentials and plenty of Scout Spirit and ZORCH...!

**When:** Friday April 12<sup>th</sup> thru Sun April 24<sup>th</sup> (1<sup>st</sup> Yr. Scouts Arrive Sat April 13<sup>th</sup>) 2019.

**Who:** All Scouts 1<sup>st</sup> Year and above

**Where:** **2<sup>nd</sup> Yr. and above Scouts** Friday Night Drop Off @ Sycamore Park and Ride  
**1 Yr. Scouts Saturday Drop-off and All Scout Sunday Pick-Up**

**@ Borges Ranch: 1035 Castle Rock Rd, Walnut Creek, CA 94598**

**Meet:** 2<sup>nd</sup> Yr. Above Scouts: Friday 5pm Drop off @ Sycamore Park and Ride

1<sup>st</sup> Yr. Scouts: 9am Saturday morning @ Borges Ranch

All Scouts: Picked up 12pm Sunday @ Borges Ranch

**Cost:** \$35

**Uniform:** Class A upon Arrival and Departure and Class B for other activities.

**Meals:**

- ❖ All Bring Sack Dinner for Friday night, all other meals are Patrol Planned and Executed.
- ❖ 1<sup>st</sup> Yr. Scouts bring Sack Lunch for Saturday and have Foil Dinner provided, breakfast Sunday are Patrol Planned and Executed.
- ❖ Scouts working on 1<sup>st</sup> or 2<sup>nd</sup> class cooking rank advancement requirements or Cooking Merit Badge must contact SPL and/or Scoutmaster

**Questions:** Contact Mr. James Mar - [ramsemaj@gmail.com](mailto:ramsemaj@gmail.com), or Dan Benveniste – [dan@benveniste.us](mailto:dan@benveniste.us)

**Drivers needed:** Please indicate if you can help out by driving.

**Return the permission slips and checks to your Patrol Leader.**

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on  
**Tuesday, April 2<sup>nd</sup> 2019***

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

**Scout Skills Weekend – April 12<sup>th</sup> – 14<sup>th</sup> 2019**

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: \_\_\_\_\_**