

## BOY SCOUTS OF AMERICA - TROOP 805

### ACTIVITY INFORMATION FORM

#### Exploratorium, San Francisco

Tuesday, February 18, 2020

OSPL – Austin Dayoan ASMs – Manish Kahlra, Neal Matsunaga, Grace Dagen

- What:** Day trip to the Exploratorium in San Francisco  
Parents and siblings are welcome to attend but may have to pay BART and admission.
- When:** Tuesday, February 18  
9am – 5pm
- Who:** All Troop 805 Scouts, limited space
- Where:** [Exploratorium](#), Pier 15 (Embarcadero @ Green Street), San Francisco, CA 94111
- Cost:** \$0
- Meet:** Dublin BART Station 9:00 am
- Return:** Pick-up at Dublin BART 5:00 pm **\*\*Scouts will call/text eta once we're on BART\*\***
- Uniform:**
- Class A (including a jacket and close toed shoes)
  - All scouts should be prepared with day pack, brown bag lunch
  - Discretionary spending money for the gift shop and ice cream (time permitting). Ice cream will be about \$10.

**Purpose & Advancement:** This FREE day trip to the Exploratorium in San Francisco gives you an opportunity to ride BART and spend the day experiencing the amazing exhibits at the Exploratorium. Merit Badge requirements are numerous – visit the [website](#) to get an idea of what you can accomplish, or just have a great day drinking from a toilet, making projects in the Tinkering Studio or dissecting a cow's eye!

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**Questions:** Mr. Kalra: 425-418-0311, [mkalra2020@gmail.com](mailto:mkalra2020@gmail.com)

Mr. Matsunaga: 925-899-3865

**Emergency Contact:** Amy Kelly: 925-216-029, [4amykelly@gmail.com](mailto:4amykelly@gmail.com)

Permission slips due  
By **Tuesday, February 11, 2020**

➔➔ Exploratorium, February 18, 2020 ←←

**BOY SCOUTS OF AMERICA - TROOP 805**  
INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT  
**Exploratorium, Tuesday, February 18, 2020**

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: \_\_\_\_\_

Contact: Phone/text \_\_\_\_\_ Contact: Phone/text \_\_\_\_\_

If I cannot be reached in the event of an emergency, please notify the person named below:

Name: \_\_\_\_\_ Contact: Phone/text \_\_\_\_\_

The following information relates to my son:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Please list any allergies or medical information, including prescription and/or over the counter medications:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Driver / Support 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: \_\_\_\_\_