

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### Guy Fieri's Diners, Drive-In and Dives Cooking Camp Out – February 22-23, 2020

**What:** A one night campout at Borges Ranch group camp out inspired by world famous Guy Ferrari's Food Network show Diners, Drive-Ins and Dives, scouts will be learning to cook with Dutch Ovens and honing in on their fire building skills.

**When:** Saturday, February 22 to Sunday, February 23, 2020.

**Where:** Borges Ranch –Hanna Grove area Walnut Creek/East Bay Regional Park District

**Cost:** \$35 (for scouts and adults) to cover the campsite and food.

**Depart:** Meet at Sycamore Park & Ride lot on Saturday, 9:30a.m. Saturday on February 22<sup>nd</sup>. Leave promptly at 10:00a.m.

**Pick Up:** Parents to Pick-up scouts at Borges Ranch 11:00am, Sunday, February 23<sup>rd</sup>.

**Details:** All participants will need:  
1) Class A uniform to travel to and from the campgrounds.  
2) Rain gear, sleeping bag, pad for sleeping bag, 10 essentials.  
3) Cooks will plan their own food for Saturday LUNCH, DINNER, and Sunday BREAKFAST.

**Websites:** Old Borges Ranch :( <http://www.walnut-creek.org/home/showdocument?id=648>)

**Questions:** Mr. Yuji Yamada; C: 925-683-5381, email: [yujiy@yahoo.com](mailto:yujiy@yahoo.com).

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

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Meeting on **Tuesday, 02/11/20.***

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

**Guy Fieri's Diners, Drive-In and Dives Cooking Camp Out – February 22-23, 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:** \_\_\_\_\_

**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"/>				
<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: \_\_\_\_\_**