

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

KTVU Television Station Tour – Monday, Nov. 10, 2014

- What:** A private tour of KTVU television station at Jack London Square in Oakland. This includes watching a live broadcast of the noon time news.
- When:** Monday, November 10, 2014 (note: this is a school holiday)
- Where:** Meet at Sycamore Park & Ride at 10:00 a.m. We will leave at 10:15 a.m. sharp (don't be late or you will miss the tour!).
- Cost:** \$0
- Return:** Scouts will be dropped off at their homes between 2:00-2:30 p.m.
- Uniform:** Class A (absolutely required!)
- Details:** Space is very limited! We have room for one more adult/driver and nine (9) scouts. This tour is designed for scouts working on their Moviemaking Merit Badge and they can fulfill requirement # 3a. Eat your lunch before or after the event. You may bring a snack to be eaten in the car.

Requirements:

1. Turn in your permission slip as soon as possible. Your name will be added to the “pending approval” list.
2. BEFORE scouts are approved to go, you MUST:
 - a. Complete Moviemaking MB requirements 1, 2a, 2b, 2c, and 4. These must be written out on your MB worksheet with sufficiently detailed answers.
 - b. In addition, you must have STARTED requirement #2d by planning your video project. This includes giving it some serious thought AND writing your plans down. However, it is NOT necessary to have completed the video project before going on the tour.
 - c. Meet with Mr. Mahoney briefly to confirm that the above has been done. You will then be approved to go (based on first come, first serve).
3. Any remaining openings may be filled by scouts that have already completed their Cinematography or Moviemaking Merit Badge.

Questions: Mr. Rand Mahoney, cell: 925.899.3840, email: randmaho@pabell.net.

Return the permission slips to your Patrol Leader.

*Patrol Leaders submit the collected slips to the outing folder no later than the Troop Meeting on
November 4, 2014*

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

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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: _____