

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### 10-Mile Bike Ride – Sunday, March 1, 2015

Sponsored by Yellow Jackets

- What:** An easy, flat 10-mile bike ride to Alamo and back along the Iron Horse trail. We will review rules of the road and will do a quick bike safety check before departing.
- When:** 1:30 p.m., Sunday, March 1, 2015
- Where:** Sycamore Park and Ride (far end of parking lot)
- Cost:** \$0, but will need to bring money (\$5) for ice cream.
- Return:** Approx. 4:30 p.m. Pick up will be at the same location at Sycamore Park and Ride
- Uniforms:** No Class A or B uniforms, instead wear a brightly colored shirt or jacket for high visibility!
- Details:** All participants will need: Bicycle, helmet, eye glasses, water, bicycle repair kit, first aid kit, and sunscreen. Note: If the first-year scouts don't have a repair kit or first aid kit, the troop will have one to share. **All participants MUST wear a helmet to participate. Bicycles must pass safety inspection at the event.**

***IMPORTANT: Parents are responsible for transporting their son and his gear both to and from this outing.***

**\*\*Rain:** This is our rainy season. Be prepared for light rain and fog. In case of heavy rain, an email will be sent out a few days prior to the event in case of any changes.

**Questions:** Mr. K. Chan, phone: (925) 785-3303 or email: [kchan.ca@gmail.com](mailto:kchan.ca@gmail.com)

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

*Patrol Leaders submit the collected slips, money to the outing folder no later than the PLC Meeting on  
**Tuesday, February 24, 2015***

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

**10-Mile Bike Ride – Sunday, March 1, 2015**

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

**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:**