

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Shooting Sports Day – Saturday March 7, 2015

- What:** Sharpen your Marksmanship Skills! BSA Rangemasters will open the Rifle, Shotgun and Archery Ranges for Scouts to practice their marksmanship skills.
- When:** Saturday, March 7th, 2015 8:30am to 4pm
- Where:** Rancho Los Mochos, 18450 Mines Rd Livermore.
- Logistics:** Meet at Sycamore Park and Ride, Saturday 3/7/2015 7:15am. Scouts will be dropped off at home at approx 5pm.
Bring your own lunch. Adult Supervision must be provided to all scouts at ratio of 8 scouts to 1 adult.
- Uniforms:** Wear Class A.
- Cost:** \$30
- Details:** There will be a Rifle Merit Badge instructional session on Tuesday 2/17/2015 during the Troop Meeting. **Please download and fill out the firearm permission slip from San Francisco Bay Area Council.**
- Questions:** Mr. Huen, phone: (510) 816-6883 or email: tat@huen.com

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
Tuesday, February 17, 2015*

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Shooting Sports Day – Saturday March 7, 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 and/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): _____

Drive? (Check if Yes)	Vehicle Year / Make / Model	No. of Passengers	Driver's License / Name / Cell Phone	Auto Insurance (Min.: \$50K/\$100K/\$50K)
To:	<input type="checkbox"/>			
From:	<input type="checkbox"/>			

(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)

We need 8:1 ADULT to SCOUT ratio to participate for this event.

REGISTERED LEADERS: Will you be participating with the troop? Yes: <input type="checkbox"/>			
Name: _____	Youth Protection Trained? Yes: <input type="checkbox"/>	YP expiration date: _____	

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