

BOY SCOUTS OF AMERICA -- TROOP 805

ACTIVITY INFORMATION FORM

Meridian District Camporee – April 24 – 26, 2015

- What:** Meridian District Camporee
- When:** Friday, April 24 to Sunday, April 26, 2015
- Where:** Rancho Los Mochos Scout Camp – 18 miles SE of Livermore, CA
- Cost:** **\$50 for scouts and adults;** no refunds.
- Meet:** Sycamore Park and Ride – we will leave promptly at 4:30 PM.
- Return:** Scouts will return to Sycamore Park and Ride Sunday at approx. 1 to 2 p.m. Scouts will call if we are running late. **(NOTE: We will need drivers to and from the camp besides those leaders who are participating. Return drivers please arrive at Los Mochos by 12 noon on Sunday)**
- Details:** All Scouts must be in full **Class A uniform** and will be inspected at check-in. Inspectors will look for patrol flags, patrol patches and uniformity of dress. Uniforms will be required throughout the weekend, except during the day on Saturday. Camporee T-shirts will be issued upon our arrival at camp. All other clothing, including hats, must either have a scouting logo or plain. No team, insignia or *camouflage clothing*.
- Patrols will need to plan menus for **Saturday Breakfast, Lunch & Dinner and Sunday Breakfast**. Breakfasts are suggested as cold meals for the short time available. Cooking will be done on standard gas stoves for Saturday Dinner. There will be an Iron Chef competition on Saturday night – more info TBD. Bring a **BAG DINNER for Friday** evening and snacks for Saturday to supplement lunch.
- Signed Firearms permission slip required for Shooting Sports activities.**
- Adults:** We are asked to provide adults to assist on staff; our staff assignment is the Archery Range. Please talk with Ray for sign up.
- Questions:** Ray Chan: cell 925-548-6179 ray4scouting@gmail.com or
Juan Garrahan: cell 925-381-1652 juangarrahan@comcast.net

Return the permission slips, Firearm Permission Slip, and checks to your Patrol Leader.

Patrol Leaders submit the collected slips, money and a tally of Patrol participants to the outing folder no later than the Troop Meeting on

Tuesday, March 24th

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

Meridian District Camporee – April 24th – 26th, 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): _____

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 FOUR ADULT LEADERS TO PARTICIPATE TO MEET CAMPOREE REQUIREMENTS.

REGISTERED LEADERS: Will you be participating with the troop? Yes: Name: _____

Youth Protection Trained? Yes: YP expiration date: _____