

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

10 Mile Bike Ride – Saturday, March 21, 2015

Sponsored by Lighting Patrol

- What:** An easy and beautiful 10-mile bike ride along the waterfront of the Carquinez Straits through Port Costa and the Carquinez Strait Regional Shoreline. This (or the prior 10-mile ride on 3/1) is a prerequisite to participating in further cycling trips this season. *This ride will add important on-road cycling experience for future rides, so please join us.*
- When:** Saturday, March 21, 2015
- Meet:** **9:00 a.m.** Carquinez Strait Regional Shoreline – Nejedly Staging Area: see directions to staging area here: <http://goo.gl/maps/dTSKh>
- Cost:** Free
- Return:** **12:30 p.m.**, at Nejedly Staging Area
- Uniform:** Appropriate Cycling clothes: Troop 805 Cycling shirt (or other bright shirt); well-fitted helmet; eye protection (sun glasses); cycling gloves (recommended); closed toe shoes.
- Details:** Parents are responsible for getting scouts to and from the Staging area. ***Mandatory ABC Bike Check:*** For all bikes not inspected yet this season: bring bikes to the Troop meeting this Tuesday, March 17. If your bike has been inspected this season, you may have a review inspection at the event. (No exceptions.) Bring water to cycle with (bottle in cage or hydro-pack), sunscreen and energy bar(s). *We need adults to support this outing.*
- Note:** This outing is open to all second year scouts and above (RGB's/Huskies and above). We are scheduling another bike ride for new scouts, sometime after their first outing at Scout Skills.
- Questions:** Mr. Gary, cell: (925) 518-9896, email: todd@thegarys.net

Return the permission slips to your Patrol Leader.

Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on
Tuesday, March 17, 2015

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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): _____

WE NEED AT LEAST THREE MORE ADULTS TO PARTICIPATE TO MEET BSA REQUIREMENTS.	
REGISTERED LEADERS: Will you be participating with the troop? Yes: <input type="checkbox"/> Name:	
Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____	