

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### 15 mile bike ride – Alamo Canal – Saturday, May 9, 2015

Sponsored by Dragons

- What:** 15 mile bike ride along Alamo Canal bike routes.
- When:** Saturday, May 9, 2015 8:30 am.
- Where:** Rancho San Ramon Community Park, 2000 Rancho Park Loop Road.  
We will meet in the parking lot nearest to the bathroom by the playground.
- Cost:** There is no cost.
- Return:** Return to Rancho San Ramon Community Park around 12:30 pm. Parents pick up their scouts.
- Uniform:** Bicycling attire. Please wear a neon yellow shirt or other bright shirt.
- Details:**
- Parents are welcome to join this ride with their scout.
  - Scouts & Adults should be prepared with proper shoes, attire, sun protection and water.
  - Safety: helmet, gloves, bright colored shirt. Flat repair kit including a spare tube.
  - Eat a good breakfast and bring a snack to eat during the ride.
  - Bike check is required and will be done at 6:30 May 5 prior to troop meeting.
  - Must be a second year scout or older.
  - 10 mile trip or equivalent to qualify for this.
- Questions:** Susan Kim ASM, [dasrkims@yahoo.com](mailto:dasrkims@yahoo.com), cell #925-785-3732

**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, May 5th***

**BOY SCOUTS OF AMERICA - TROOP 805**

INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

**15 mile bike ride Alamo Canal – May 9, 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):** \_\_\_\_\_

<b>WE NEED AT LEAST <span style="background-color: yellow;">ONE</span> MORE ADULT TO PARTICIPATE TO MEET BSA REQUIREMENTS.</b>
<b>REGISTERED LEADERS:</b>
<b>Will you be participating with the troop? Yes: <input type="checkbox"/> Name: _____</b>
<b>Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____</b>