

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

San Francisco 25 Mile Bike Ride, Saturday, July 11, 2015

Sponsored by Goodmen

What: A day bike ride around the San Francisco Bay Area. We will take BART from Walnut Creek to San Francisco with our bikes. We will ride through San Francisco and over the Golden Gate Bridge and will continue to Larkspur and will take the ferry to Pier 41. We will ride a short distance from Pier 41 back to the Embarcadero BART station and take BART back to Walnut Creek.

When: 7:30 a.m., Saturday, July 11, 2015.

Where: **Walnut Creek BART** (meet near the entrance to the station)

Cost: \$25 for scouts and \$30 for adults.

Return: Scouts and bikes will be need to be picked up at approximately 7 p.m. for 25 mile riders at **Walnut Creek BART**

Uniforms: Wear a bright colored synthetic T-shirt (Troop Cycling shirt) for biking i.e. a non-cotton moisture wicking material.

Details: All participants will need: Bicycle, helmet, minimum 1 liter of water (1 Nalgene type water bottles or appropriate size water hydration pack), bicycle repair kit, a spare tube, 10 essentials (including personal first aid kit), sunscreen and a sack lunch in a small day/bike pack and trail mix or other snack food to consume on the road. Bike check is required – see below for schedule. The checklist is at:

<http://www.troop805.org/Resources/ABC%20Quick%20Check%20-%20Bike%20Safety%20Checklist.pdf>

Parents are responsible for transporting their scout and his bike and gear both to and from this outing at Walnut Creek BART.

Ride requirements (25 miler): Must have ridden three troop rides including at least a 15-mile ride and a total of 35 miles. (**Note:** This is a very hilly ride through the Marin headlands and is fairly demanding. Also, if you are a slow rider this is not the ride for you because we will be on a somewhat tight time schedule.)

Questions: Mr. Jasty (408) 218 4872 cjasty@gmail.com

Return the permission slips to your Patrol Leader.

Patrol Leaders submit the collected slips no later than the COH on:

Tuesday, July 7th : Bike check - 30 minutes prior to COH

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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): _____

Parent will participate in the 25 mile bike ride.

Tour Plan Information

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

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

Youth Protection Trained? Yes: **YP expiration date:** _____