

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Advance Camp 2019

What: Advance Camp

When: Saturday, September 28, 2019

Meet: 6:15am Check In Sycamore Valley Park & Ride

We are **“Leaving at 6:30AM SHARP”**

*If you're late you will need to drive your scout to
Solano County Fairgrounds*

Cost: \$35.00 Registration Payable via **PayPal** by **July 30th** and any additional Merit Badge Costs (TBD) will be collected by August 6th.

Uniform: Class A Scouts and Adults

Details:

You can meet requirements for rank advancement or take up to 2 merit badges!

Bring a sack lunch, water, sunscreen, scout book, paper, pencil

DO NOT BRING: Pockets knives or weapons (real or toy)

Questions: Mala Quatman (925) 588-1948 teamquatman@gmail.com

***PAYPAL Payment “only” No Later than July 30th for registration,
additional merit badge fees due No Later than August 6th.
Turn in paper permission slips to your Patrol Leader or Mrs. Quatman
By the Meeting on
July 30th, 2019***

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

Advance Camp

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): _____

Your Plan Information

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<input type="checkbox"/>				
To:				
From:				
WE NEED AT LEAST ONE 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: _____				