

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Troop Grand Prix & Traffic Safety Merit Badge – Saturday, December 21, 2019

OSPL: TBD

What: A Traffic Safety Merit Badge Session and a Go Kart Racing

When: Saturday, December 21, 2019

Arrival/Check In 9:15am Parents Please Drive Your Scout to K1 Speed

Merit Badge Session 9:30am-11:00am

Racing 11:00am-12:30pm Parents Please Arrive for Pickup at 12:15pm

Where: K1 Speed Go Kart 6400 Sierra Ct, Suite B, Dublin CA 94568

Cost: \$65 K1 Speed Grand Prix Racing

Uniform: Class B, Closed to Shoes

Details: We will start the day at 9:00-9:15am (check in) at K1 Go Karting with a merit badge class starting at 9:30am on Traffic Safety with the help of California Highway Patrol Officer Hahn who will review all of the elements required to complete the Traffic Safety Merit Badge. **Note that Requirements #2 and #3 are required as homework prior to the Merit Badge session for sign off.**

Following the Traffic Safety Merit Badge session, Troop 805 scouts will participate in a K1 Speed Grand Prix which includes 3 races in high performance go karts. Racing will be done by 12:30pm. Scouts can choose to participate in one or both the Traffic Safety Merit Badge and the Troop Grand Prix racing.

Please submit your permission slips by December 10th, and bring a parent signed K1 Speed Waiver Form.

Questions: Mr. Kelly, cell: (925) 487-4641, email: 4kevintkelly@gmail.com

RSVP and Payment are due via Troopmaster Paypal *by Tuesday, December 10, 2019*
Return the permission slip to your Patrol Leader *no later than the Troop Meeting December 10, 2019*

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BOY SCOUTS OF AMERICA - TROOP 805
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): _____

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 ONE MORE ADULTS TO PARTICIPATE TO MEET BSA REQUIREMENTS.

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

Youth Protection Trained? Yes: YP expiration date: _____