

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

2018 Climbing Merit Badge at The Rock

December 9th 2018 - OSPL: TBD

- What:** Indoor Rock Climbing & Climbing Merit Badge Session
- When:** Sunday, December 9, 2018 9:00am – 4:00pm
- Depart:** **Drop off - 8:30am Sycamore Park & Ride**
- Return:** **Pick up - 4:30pm Sycamore Park & Ride**
- Location:** BSA San Francisco Bay Area Council: 1001 Davis Street, San Leandro CA 94577
- Cost:** \$40 Registration Payable via PayPal or by Check (includes \$35 Climbing Merit Badge Fee + \$5 Lunch)
- Uniform:** Class B, comfortable pants/sweats or Long Shorts, Closed Toe Shoes or Climbing Shoes

Details:

You'll be climbing the walls at this activity! Join the troop at BSA San Francisco Bay Area Council's The Rock for a private Climbing Merit Badge session with BSA staff. The Rock is a 32-foot natural looking rock with numerous routes to climb. Climbing routes vary in difficulty so everyone can have fun no matter what their experience level is. The Climbing Merit Badge requires at least 6 hours of time to complete requirements, about 3 of which are classroom safety learning and knots and about 3 (or more) hours on practical skills in the Rock climbing area.

Bring a water bottle.

Event is limited to 12 Scouts.

2-3 Parent Drivers requested (Drivers Pls RSVP within TroopMaster)

Questions: ASM Leader: Contact Mr. Kelly, 4kevintkelly@gmail.com or 925.487.4641

Troopmaster RSVP Required
Payment and Signed Permission Slip due by December 4, 2018

BSA Troop 805
INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

December 9th 2018 – Indoor Rock Climbing & Climbing Merit Badge

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:** _____

Please list any allergies or medical information, including prescription and/or over the counter medications:

Driver / Support 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: _____