

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### Traffic Safety Merit Badge Session

#### K1 Racing

**What:** K1 Speed/Traffic Safety Merit Badge Session

**When:** Saturday, January 19, 2019  
9:00-9:15am **Arrival** (check in)  
Merit Badge Session 9:30am-11:00am  
Racing 11:00am-12:30pm  
**Parents Please Arrive for Pickup at 12:15pm**

**Meet:** **K1 Speed Go Kart**  
**6400 Sierra Ct, Suite B, Dublin CA 94568**  
**Please drive your Scout directly to and from K1 Speed Go Kart in Dublin**

**Cost:** \$65.00/person

**Uniform:** Class B

**Details:** In Cub Scouts, we raced pinewood derby cars. Now, Troop 805 is racing motorized karts!!!

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](#), offered by California Highway Patrol Officer Hahn who will review all of the elements required to complete the [Traffic Safety Merit Badge](#) and will sign off at the end on blue cards for Scouts who participate. **Note that Requirements #2 and #3 are required as homework for sign off at the MB session with Officer Hahn.**

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.

**Please submit your permission slips by January 15th, and bring a parent signed [K1 Speed Waiver Form](#) with you.**

**Questions:** Archana Arunkumar (510) 508-4375 [archana.arunkumar@gmail.com](mailto:archana.arunkumar@gmail.com)  
Dan Benveniste (415) 646-6739 [dan@benveniste.us](mailto:dan@benveniste.us)

***PAYPAL Payment "only" No Later than January 11, 2019***  
***Turn in paper permission slips to your Patrol Leader or Ms. Arunkumar***  
***By the Meeting on***  
***January 15, 2019***

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

**K1 Speed/Traffic Safety Merit Badge Session**

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 TWO ADULTS TO PARTICIPATE TO MEET BSA REQUIREMENTS.**

<b>Parents &amp; Leaders:</b> Will you be participating with the troop? Yes: <input type="checkbox"/> Name: _____ Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____
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**\*\*\*\*\* K1 Speed / Traffic Safety Merit Badge Session – January 19, 2019 \*\*\*\*\***