

**BOY SCOUTS OF AMERICA - TROOP 805**  
*ACTIVITY INFORMATION FORM*

**Fishing and Possible Fishing Competition @ Lake Chabot**  
**Saturday February 23<sup>rd</sup> 2019**

OSPL: Josh Benveniste

- What:** A one day Fishing outing at Lake Chabot in Castro Valley. This Fishing outing will put to use and test a Scout's skills with knots and even possibly even knock check off some items on their Fishing Merit Badge. Who knows ... maybe there will be a Fishing Competition too...So let's have some fun...!
- When:** Saturday February 23<sup>rd</sup> 2019
- Who:** All Scouts including Jr. Assistant Scout Masters
- Where:** Lake Chabot, Castro Valley CA
- Cost:** \$5 per scout/adult - includes bait and tackle but not fishing gear (rod, line and reel)
- Meet:** Drop off @ Sycamore Park and Ride Saturday February 23<sup>rd</sup> 2019 @ 7am
- Pickup:** Picked up @ Sycamore Park and Ride Saturday February 23<sup>rd</sup> 2019 @ 5pm
- Uniform:** Class A upon Arrival and Departure and Optional Class B for Fishing activities.

**Meals:**

- ❖ All should Bring:
  - Sack Lunch as well as morning and afternoon snacks
  - Water Bottle, Hat, Jacket, Gloves, extra layers of clothing if/when you get dirty
  - Bucket for your fish
- ❖ Possible Lunch Cooking Opportunities – OSPL will coordinate.
  - For those cooking – maybe bring Tortillas - so you can make fish tacos ☺

**Questions:** Contact Mr. Dan Benveniste at cell 415-646-6739, email: [dan@benveniste.us](mailto:dan@benveniste.us) or Mr. George Coughlin - [george@iraplanning.com](mailto:george@iraplanning.com)

***Drivers Needed!***  
***Please indicate if you can drive!***

**RSVP at Troopmaster and bring the permission slips and \$5 check to your Patrol Leader.**  
*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on*  
***Tuesday, February 19<sup>nd</sup> 2017***

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

**Fishing @ Lake Chabot**  
**February 23<sup>rd</sup> 2019**

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**

<b>Drive?</b> (Check if Yes)	<b>Vehicle</b> Year / Make / Model	<b>No. of</b> <b>Passengers</b>	<b>Driver's License / Name / Cell Phone</b>	<b>Auto Insurance</b> (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: \_\_\_\_\_**