BOY SCOUTS OF AMERICA - TROOP 805
ACTIVITY INFORMATION FORM

Troop Swim – Tuesday Evening, August 19, 2014
Sponsored by Troop 805

What: Troop 805's annual swim meeting!

When: 7:00 – 9:00 p.m., Tuesday, August 19, 2014 (in place of the troop meeting)

Where: Dougherty High School Pool

Cost: $1 for Scouts and Leaders; $4 for non-leader adults: (bring cash to pool)

Return: All scouts must be dropped off and picked up at Dougherty Pool

Uniform: Swim trunks!

Details: Bring cash to the pool for the outing cost; towel, water guns, etc.

Scouts who did not pass the BSA swim test at summer camp must pass the test at the pool to swim.

Questions: Todd Gary, cell: (925) 518-9896, email: todd@thegarys.net

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Return the permission slips to your Patrol Leader.
Patrol Leaders submit the collected slips to the outing folder no later than the Troop Meeting on
August 12, 2014

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

Troop Swim – Tuesday Evening, August 19, 2014

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)
☐ To:				
☐ 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: _____				

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