

BOY SCOUTS OF AMERICA - TROOP 805
ACTIVITY INFORMATION FORM

Advance Camp -- September 27th, 2014

Sponsored by the Wolverines

What: Advance Camp is a one day activity focused on Merit Badges. Scouts will have a full day of fun and learning. There are over 50 Merit Badges to select from. Each scout can select TWO Merit Badges to work on. In addition, if scouts have partials (these are Merit Badges that were started but not completed) they can bring them to Advance Camp and work on them.

When: Saturday, September 27, 2014

Where: Contra Costa Fairgrounds: 1201 W 10th Street, Antioch-Pittsburg, CA 94509

Cost: \$37 (** Note some Merit Badges may have additional fees).

Meet: 6:30 a.m. Sycamore Park and Ride. We leave at 6:45 a.m. sharp.

Pick up: 6:00 p.m. Sycamore Park and Ride

Other Details: Arrive in Class A uniform. Lunch is included and will be provided at Advance Camp. Scouts should bring a daypack with their water bottles, sunscreen, and any specific worksheet needed for the Merit Badges.

Merit Badges: Please refer to this link: <http://www.advancecamp.com/merit-badges/55581> to get a list of all Merit Badges that are offered. To review the schedule and prerequisites, please look at "[2014 Advance Camp Merit Badge Offerings.pdf](#)" on the Troop 805 Website.

Questions: Ray Chan Ray4scouting@gmail.com or 925-548-6179

Return the permission slips and checks to your Patrol Leader.

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on
Tuesday, August 19th*

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

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Merit Badge Selection 1 (08:30–12:00) _____ **Selection 2: (1:00 – 4:30)** _____

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.)

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

Youth Protection Trained? Yes: YP expiration date: _____

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