

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Angel Island Backpack – Friday-Sunday, Oct. 10-12, 2014

Sponsored by Scorpions

What: A two-night backpack camping trip on Angel Island, the weekend of S.F. Fleet Week. We'll take a privately chartered boat (*HyperFish*) to ferry us from Jack London Square in Oakland to Angel Island on Friday evening, and hike to our campsite on the west shore of the island. We'll hike Saturday morning, then watch the US Navy Blue Angels airshow in the afternoon, returning by commercial Blue & Gold Ferry service on Sunday.

When: Friday–Sunday, Oct. 10-12, 2014

Where: Meet at Sycamore Park & Ride Friday at 4:00 pm (depart 4:15 pm)

Cost: \$60

Return: Sycamore Park & Ride, approximately 6:00 pm Sunday evening. (Scouts will call with an update an hour prior to arriving.)

Uniform: Class A for travel, Class B for hiking.

Details: *This outing is limited to 20 participants.* Participation will be on a first-come, first-served basis (check in hand); however, *priority may be given to scouts whose parents can provide transportation.*

We will need six (6) drivers to take us to Jack London Square on Friday evening, and six (6) drivers to pick us up at Jack London on Sunday evening. Please volunteer on the permission slip.

Bring layers – it can be windy and cold on the bay!

Bring binoculars and a lightweight camp chair for the airshow!

Planning sessions: Troop meeting on Sept. 23, and the PLC on Sept. 30

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

Return the permission slips to your Patrol Leader.

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on
Tuesday, Sept. 16, 2014*

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

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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: _____