

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### Archery @ Diablo Bowmen, Clayton – October 18, 2014

Sponsored by Honey Badgers

**What:** Experience the ancient sport of archery with modern day equipment! Are you a good shot? Maybe you can qualify for the shooting portion of the Archery Merit badge! Join this outing and find out. Due to the range capacity limitations, *this outing is limited to 20 youth, on a first-come, first served basis.*

**When:** Saturday, October 18, 2014

**Where:** Diablo Bowmen Archery Club, Oak Hill Lane, Clayton CA  
(<http://diablo-bowmen.org/>)

**Cost:** \$15 per shooting participant (adult and scout)

**Meet:** Sycamore Park & Ride, at 8:00 a.m., depart promptly at 8:30 a.m.

**Return:** Sycamore Park & Ride, at approximately 5:00 p.m.  
(Scouts will call approximately 30 minutes prior to arrival.)

**Uniform:** Class A uniform.

**Details:**

- 1) *Permission slip due date of October 14 no exceptions.*
- 2) [Diablo Bowmen release form](#) (attached) is required – return it with this permission slip.
- 3) Eat a good breakfast before we meet. Bring a bag lunch. Sun protection (hat, sunscreen and **WATER** - there is no running water at the site) and sturdy shoes.

**Questions:** Mr. Oki, home: (925) 831-9380, email: [soki@sbcglobal.net](mailto:soki@sbcglobal.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  
**October 14, 2014***

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

**Archery @ Diablo Bowmen, Clayton – October 18, 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**

<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"/>				
<b>To:</b>				
<input type="checkbox"/>				
<b>From:</b>				

*(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:** \_\_\_\_\_