

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### 50-Mile Bike Ride – Saturday, October 24, 2015

Sponsored by Wolverines

**What:** 50-mile bike ride through the beautiful San Ramon Valley. We will start at Las Lomas High School, at the south end of Walnut Creek, and ride south through the San Ramon Valley to the small town of Sunol. The ride is mostly flat, with 417 feet of total elevation gain one way. We'll have lunch in Sunol and return.

**When:** Saturday, October 24, 2015

**Meet:** 8:00 a.m. at Las Lomas High School, 1460 S Main St, Walnut Creek

**Cost:** \$10 for lunch

**Return:** Approximately 3:00 p.m. at Las Lomas High School.

**Uniform:** Appropriate cycling gear (e.g., Troop 805 cycling jersey)

**Details:** Appropriate cycling and safety gear is key. We will have a mandatory bike and gear check at the Troop meeting on October 20.

**Prerequisites:** To be eligible for this ride, you must have ridden at least two rides totaling 50 miles with our troop this year, or can demonstrate the equivalent mileage on personal rides. (For example, a 10-mile, a 15-mile, and a 25-mile ride, or the 2x25 ride.)

**Questions:** Mr. Gary, cell: (925) 518-9896, email: [todd@thegarys.net](mailto: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 October 13, 2015***

➔➔➔➔➔ Saturday, October 24, 2015 ←←←←←

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

**50-Mile Bike Ride – Saturday, October 24, 2015**

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):** \_\_\_\_\_

➔➔➔➔➔ Saturday, October 24, 2015 ←←←←←