

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

USS Hornet Overnight Program – Oct. 24-25, 2015

(Sponsored by: Goodmen Patrol)

- What:** Welcome Aboard! Regarded by many as one of the ultimate overnight experiences for scouts, the USS Hornet overnight program includes a tour and exploration of the historic ship. You will sleep in restored berthing compartments where real Hornet crew lived and learn about the famous aircraft carrier's daring exploits. The ship will be specially decorated for a haunted Halloween experience.
- When:** Saturday, October 24 to Sunday, October 25
- Where:** Sycamore Park & Ride lot at 3:00 p.m. on Saturday, leaving promptly at 3:30 p.m.
- Cost:** \$70 per person (Adults and Scouts)
- Return:** Sycamore Park & Ride, Sunday at approximately 11-12 p.m.
- Uniform:** Class A
- Details:**
- 1) Each guest should bring their own sleeping bag, pillow, flashlight, toiletries, hand towel, and a jacket and hat in cold weather. Sleeping compartments are steel frame beds covered with a foam mattress.
 - 2) Do not bring unnecessary electronic devices, hair dryers, weapons, knives or open flame devices including matches and lighters.
 - 3) Dinner and Breakfast are provided. **If you have special dietary considerations, please state so below.**
 - 4) Age of participating scout is required for the USS Hornet roster list. See below.
 - 5) Flight simulator tickets are included in the fees.
- Questions:** Yuji Yamada 925-683-5381 (cell) / yujiy@yahoo.com

Return the permission slips and check to your Patrol Leader.

*Patrol Leaders submit the collected slips, money to the outing folder no later than the PLC on
Tuesday, 9/29/15*

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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.

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.)

Age of Scout: _____

Special Dietary Consideration: _____

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.)

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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