

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Indoor Rock Climbing Overnighter, November 7-8, 2015

OSPL – (Needed)

What: An opportunity for extreme FUN and learning about CLIMBING at Diablo Rock Gym (owned by Touchstone Climbing and Fitness) in Concord. Reservations are from 7:00pm Saturday to 7:00am Sunday. Come join your patrol and learn some climbing techniques. Climbing races and patrol competitions will be held. Snacks and drinks will be provided throughout the night. Pizza will be provided around 11:00PM. Eat before or bring a bag dinner.

Merit Badge: *If 8 or more scouts sign up, a special session from 7:00-11:00pm will be held for anyone wishing to earn their Climbing Merit Badge. From start to finish, Scouts will have opportunity to complete the requirements for the Climbing Merit Badge in this 4hr session. **Additional cost applies, see below.***

When: 7:00pm Saturday evening, Nov. 7th through 7:00am Sunday Morning Nov. 8th

Meet: 6:15pm, Sycamore Park & Ride; departing for event at 6:30pm promptly

Pickup: **Scouts will need to be picked up 7:00am Sunday morning at the Gym:**

Diablo Rock Gym, 1220 Diamond Way, #140, Concord CA 94520,
(925) 602-1000

Cost: **\$60** (adults and scouts) to cover climbing fees, snacks, dinner (may be adjusted depending on final headcount).

\$100 Total for scouts wishing to take the optional Climbing Merit Badge session (8 scouts minimum must sign up to hold the merit badge session.)

Uniform: Class B

Details: Required paperwork for all participants includes:

- Signed permission slip
- Touchstone Liability Form on the troop web site

Additional paperwork for participants taking merit badge session:

- Signed Climbing blue card from Mr. Chan (available from Mr. Ghatta)

Questions: Joseph Ghatta: Cell (510) 585-7070 or email joe.ghatta@gmail.com

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 20, 2015*

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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.)

Merit Badge Session (Additional \$40, Totaling \$100 for this outing)

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 ADULT 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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