

BOY SCOUTS OF AMERICA – TROOP 805

ACTIVITY INFORMATION FORM

Monterey Bay Aquarium Sleepover – Friday-Saturday, May 27-28, 2016

OSPL: [Needed]

- What:** Popular sleepover where scouts get to sleep in the aquarium! We leave Friday evening and sleep over, enjoy breakfast Saturday morning and get to spend time in the aquarium Saturday. Activities, including some led by naturalists, are available Friday evening and Saturday morning.
- When:** Starting Friday, May 27, 2016 at 7:00pm. Note meeting time below.
- Where:** Monterey Bay Aquarium
- Cost:** \$115 for transportation, Friday sleepover (includes snack and Saturday breakfast), Saturday aquarium tour. Friday dinner, Saturday lunch not included.
- Meet:** Friday, May 27, 2016 at 4:30 p.m. at the Danville Park & Ride (Sycamore)
- Return:** Saturday, May 28, 2016 at approximately 2:00 p.m. at the Danville Park & Ride. Scouts will call ahead with actual pickup time.
- Uniform:** Class A for travel.
- Details:** It is recommended that you bring a pad to sleep on with your sleeping bag. Mattresses or pads should measure no larger than 39 x 75 x 19 inches (twin). Pajamas (family-appropriate), toothbrush, toothpaste and face towel. There are no shower facilities, pillow, camera (please turn the flash off). You may want to bring earplugs if you are a light sleeper. No tents or heavy mattresses.
- Bring sack dinner for the ride. Outside food is not allowed in the aquarium. Bring money for Saturday lunch.
- Questions:** Mr. Chau Jasty at cell: 408-218-4872, cjasty@gmail.com
- Drivers needed: Please indicate if you can help out by driving.**

Return the permission slips and checks to your Patrol Leader.

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on
Tuesday, March 22nd 2016*

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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.)

WE NEED AT LEAST ONE MORE ADULTS TO PARTICIPATE TO MEET BSA REQUIREMENTS.

Parents & Leaders: Will you be participating with the troop? Yes: <input type="checkbox"/> Name: _____
Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____