

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Art & Wind Festival Flag Ceremony – Monday May 30, 2016

SPL: Ethan M

- What:** We are proud to announce that Troop 805 has been specially selected to do the Opening Flag ceremony for the San Ramon Art & Wind Festival this year on Memorial Day, May 30th. All scouts are encouraged to attend!
- When:** **Date:** Monday, May 30, 2016
Arrival time: Plan on arriving at 1:50 to allow 20 minutes to park & get to the meeting area
Meeting time: Central Park flag pole area at 2:10 p.m.
Event commencement: Event starts at 3:00 p.m.
- Where:** Chevron Stage at San Ramon Central Park (on the grass adjacent to the tennis courts)
12501 Alcosta Blvd, San Ramon
- Cost:** Free!
- Return:** Monday, May 27, 2015. Scouts will be done at approx. 3:30 p.m. Parents to pick up at the event.
- Uniforms:** Full Class A
- Details:** *Participating Scouts will earn service time hours. An outdoor flag ceremony also fills a second-class advancement requirement!*
- Be sure to wear **sunscreen** & bring **water**. Scouts and families are welcome to enjoy the Art & Wind festival beforehand & afterwards! This family-friendly festival features professional kite flying demonstrations, arts & crafts booths, entertainment on 3 stages, food booths by local non-profits and more! The San Ramon Art & Wind Festival in San Ramon's Central Park, 12501 Alcosta Blvd. The festival is from 10am to 5pm.
- Questions:** Ed Laubach, cell: 925-768-4006, email: izdoctor@gmail.com

Return the permission slips to your Patrol Leader.

*Patrol Leaders submit the collected slips to the outing folder no later than the Troop Meeting on
Tuesday, May 24th.*

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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): _____

WE NEED AT LEAST ONE MORE ADULTs TO PARTICIPATE TO MEET BSA REQUIREMENTS.
REGISTERED LEADERS: Will you be participating with the troop? Yes: <input type="checkbox"/> Name: _____
Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____