

# BOY SCOUTS OF AMERICA - TROOP 805

## *ACTIVITY INFORMATION FORM*

### **Advance Camp – September 24, 2016**

**An OSPL is needed for this outing**

- What:** Advance Camp is a one day activity focused on Merit Badges. Scouts will have a full day of fun and learning. Each scout can select TWO Merit Badges to work on from a list of over 60 choices. This is a great opportunity to explore new subjects and skills. In addition, if scouts have partials (these are Merit Badges that were started but not completed) they can bring them to Advance Camp and work on them.
- When:** Saturday September 24, 2016
- Where:** Contra Costa Fairgrounds: 1201 W 10th Street, Antioch-Pittsburg, CA 94509
- Cost:** \$34 (Note: some Merit Badges have additional fees)
- Meet:** 6:30 am at the Sycamore Park & Ride lot, we will leave at 6:45 am sharp
- Return:** Approximately 6:00 pm at the Sycamore Park & Ride lot
- Uniform:** Class A
- Details:** Lunch is NOT provided this year, so Scouts need to bring a bagged lunch. Scouts should also bring a daypack with their water bottles, hat, sunscreen, and any specific worksheet needed for the Merit Badges.
- Merit Badges:** Please click [here](#) to get a list of all Merit Badges options & prerequisites (www.AdvanceCamp.com)  
**\*\* On the bottom of the permission slip, please write down your top two choices, as well as two alternate choices. \*\***
- Questions:** Ed Laubach, cell phone: 925-768-4006, email: [izdoctor@gmail.com](mailto:izdoctor@gmail.com)

**Return the permission slips and check to your Patrol Leaders.**

*Patrol Leaders submit the collected slips & money to the outing folder no later than the Troop Court of Honor on **Tuesday, July 5, 2016***

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

**Advance Camp – September 24, 2016**

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"/>				
<b>To:</b>				
<input type="checkbox"/>				
<b>From:</b>				
<i>(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)</i>				
REGISTERED ADULTS: Will you be participating with the troop? Yes: <input type="checkbox"/> Name: _____				
Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____				
<b>1<sup>st</sup> Choice:</b> _____ <b>2<sup>nd</sup> Choice:</b> _____				
<b>Please provide 2 alternate choices:</b> _____				