

BOY SCOUTS OF AMERICA – TROOP 805

ACTIVITY INFORMATION FORM

Scout-O and Camping, October 8-9, 2016

Outing Senior Patrol Leader Needed: Contact Susan Kim

Are you ready to test your map reading and problem solving abilities? Are you ready to pass the map and compass requirements for First Class or the Orienteering merit badge? The Bay Area Orienteering Club is hosting at Tilden Park the **24th annual Scout-O**, a cross country map and compass adventure designed to test the map reading ability, compass skills and woodsman savvy of any scout regardless of experience. This is the only time Scouts are encouraged to go off-trail when hiking. Scouts will also get a progressive participation patch for competing. OSPL needed. Additional ASM or registered parent needed as second adult. **Please email me (dasrkims@yahoo.com) by this Saturday if you are interested.**

What: Hike at Joaquin Miller Park, Camp at Redwood Regional Park on Saturday, and compete in the 24th annual Bay Area Orienteering Club Scout-O at Tilden Regional Park on Sunday.

When: Saturday, October 8th – Sunday, October 9th

Where: Redwood Regional Park, Oakland and Tilden Regional Park, Berkeley

Cost: \$35 (includes all meals, including patrol meals)

Meet: Sycamore Park & Ride, Saturday 10 am

Return: Sycamore Park & Ride, Sunday at approximately 4 pm

Uniform: Class A for travel. Class B for all other times.

Details: -Limited to 20 Scouts.

-We will need to meet for 30 minutes after the Court of Honor on Oct 4th to plan.

-Bring snacks for the hike on Saturday and after the race on Sunday.

-Be sure to bring your compass, whistle, trail or running shoes, long pants, water bottle

-Patrols will need to plan menus for: Saturday lunch, dinner and Sunday breakfast.

-Please pack using a framed backpack since the camp site is ½ mile from the parking lot. Large items will be wheeled in.

Questions: Susan Kim, dasrkims@yahoo.com, Cell # 925-785-3732

Return the signed permission slip and check to your Patrol Leader. Patrol Leaders submit collected slips & checks to the *Outing File Box* no later than the Court of Honor meeting on *Tuesday, 10/04/2016.*

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Camping and Orienteering - October 8-9, 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"/>				
To:				
<input type="checkbox"/>				
From:				

(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)

REGISTERED LEADERS: Will you be participating with the troop? Yes: Name: _____

Youth Protection Trained? Yes: YP expiration date: _____