

# BOY SCOUTS OF AMERICA - TROOP 805

## *ACTIVITY INFORMATION FORM*

### Indoor Rock Climbing Overnighter, November 5-6, 2016

OSPL – (Needed)

**What:** An awesome opportunity for extreme FUN and learning about CLIMBING at Bridges Rock Gym in El Cerrito. Reservations are from 8:00pm Saturday to 8:00am 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:** A special session will be held for anyone wishing to earn his Climbing Merit Badge. From start to finish, Scouts will have opportunity to complete the requirements for the Climbing Merit Badge in this 4hr session. **NO Additional Cost for this Merit Badge.**

In addition to earning your Climbing Merit Badge, Bridges Rock Gym offers the following activities!

Bouldering Climbing | Top Rope Climbing | Slackline | Climbing Lessons | Karaoke

**When:** 8:00pm Saturday evening, Nov. 5<sup>th</sup> through 8:00am Sunday Morning Nov. 6<sup>th</sup>

**Meet:** 7:00pm, Sycamore Park & Ride; departing for event at 7:15pm promptly

**Pickup:** **Scouts will need to be picked up 8:00am Sunday morning at the Gym:**

**Bridges Rock Gym**, 5635 San Diego Street El Cerrito, CA 94530,  
(510) 525-5635

**Cost:** \$48 (adults or scouts) to cover climbing fees, snacks, dinner (may be adjusted depending on final headcount).

**Uniform:** Class B & knee length shorts or sweatpants, tennis shoes. NO tight fitting pants/shorts, No Jeans, NO sandals, crocks, or flip-flops

**Details:** Required paperwork for all participants includes:

- Signed permission slip
- Bridges Rock Gym Liability Waiver Linked on the troop web site or click [here](#)
- Sleeping bag and overnight necessities (no need for sleeping pads, floors are padded)
- Water Bottle

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](mailto: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 PLC on  
**Tuesday, October 25, 2016***

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# BOY SCOUTS OF AMERICA - TROOP 805

*INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT*

## Indoor Rock Climbing Overnighter, November 5-6, 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.)

**Merit Badge Session (No Additional Cost!)**

**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 MORE ADULTS 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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