

## BOY SCOUTS OF AMERICA – TROOP 805

### ACTIVITY INFORMATION FORM

#### Kiwanis “One Day” Service Project – Saturday, April 1, 2017

Patrol Sponsor: OA

**What:** Kiwanis (our troop sponsor) “One Day” national service project day. This project will involve working on a year-round archery range, completing the pool fence and cleaning up the camp from flooding and some flash flooding at a local scout camp (same location as the project we did in October of last year). *This project has “conservation-related” tasks which satisfies the new 2016 service project requirements for Life Scout rank.*

**When:** 9:00 a.m. – 3:00 p.m., Saturday, April 1, 2017

**Where:** Twin Canyon Girl Scout camp  
4010 Springhill Rd., Lafayette

**Cost:** Free

**Meet:** Sycamore Park and Ride at 8:30am

**Return:** Scouts will be dropped off at homes around 3:30-4:00 p.m.

**Uniform:** No uniforms, wear work clothes

**Details:** Kiwanis will provide snacks and drinks. Scouts need to bring a bag lunch.

Girl Scout Camp will provide most tools, but bring work gloves. Prior to outing OSPL will notify participants if there are any other tools needed. Make sure those tools are labeled with your name.

Parents are invited (and encouraged) to participate in this service project too, but must have completed Youth Protection training.

Drivers needed to drive scouts to and from event.

Scouts who can only do a half day (morning or afternoon) must arrange for their own transportation and must notify me prior to the outing. Scouts must also participate a minimum of 2 hours if doing the half day option.

**Questions:** Mr. Screechfield, phone: (925) 570-1999 or email: [kscreechfield@trcsolutions.com](mailto:kscreechfield@trcsolutions.com)  
ASM for day of the outing will be Mr. Screechfield

**Return the permission slips to your Patrol Leader.**

*Patrol Leaders submit the collected slips to the outing folder no later than the PLC on*

***Tuesday, March 28, 2017***

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

**Kiwanis “One Day” Service Project – Saturday, April 1, 2017**

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):** \_\_\_\_\_

| <b>Drive?<br/>(Check if Yes)</b>         | <b>Vehicle<br/>Year / Make / Model</b> | <b>No. of<br/>Passengers</b> | <b>Driver’s License / Name / Cell Phone</b> | <b>Auto Insurance<br/>(Min.: \$50K/\$100K/\$50K)</b> |
|--|--|------------------------------|---|--|
| <input type="checkbox"/><br><b>To:</b>   |  |                              |   |  |
| <input type="checkbox"/><br><b>From:</b> |  |                              |   |  |

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

**ADULTS: Will you be participating with the troop? Yes:**  **Name:** \_\_\_\_\_

**Youth Protection Trained? Yes:**  **YP expiration date:** \_\_\_\_\_