

BOY SCOUTS OF AMERICA - TROOP 805
ACTIVITY INFORMATION FORM
Scout Skills Camping – April 8-9 2017

OSPL: [Needed]

- What:** Scout Skills Development Day and Scout Skills Camping are designed to prepare and enhance Scouts for outings and activities such as Camporee and Summer Camp. This overnight Scout Skills Camping at Sugarloaf Open Space in Walnut Creek will include Firem'n Chit, Totin' Chip, Ax Yard, Simple Stove/Cooking, Compass and Pioneering, Leave No Trace, Campfire building/Safety and Campfire program and more.
- When:** Saturday April 8th @ 8:30am through Sunday April 9th @ 11:30am
- Who:** **All Scouts 1st Year and above**
- Where:** Sugarloaf Open Space @ 2161 Youngs Valley Rd, Walnut Creek, CA 94596
- Cost:** \$20
- Drop Off:** Drop off Scouts at Sugarloaf
- Teaching Scouts @ 8:30am
 - 1st year Scouts @ 9:30am
- Pickup:** **All Scouts Pickup Sunday @ 11:30am**
- Uniform:** Class A upon Arrival and Departure and Class B for other activities.
- Important:**
- **Please RSVP to Dan@benveniste.us**
 - Print, sign and bring permission slip and check to Sugarloaf
- Food:**
- Bring sack lunch and snacks for Saturday
 - Troop will provide foil dinner (1st year scouts will cook pasta) and dessert Saturday night.
 - Scouts can cook their own breakfast (Troop will provide) Sunday morning.
- Note:** For cooking merit badge and rank advancement, please consider May 5-7th @ Troop 805 Patrol Competition and Camping or Camporee as there is limited opportunity for Scouts to work on 1st or 2nd class cooking rank advancement requirements or Cooking Merit Badge for this outing.
- Questions:** Contact Mr. Dan Benveniste email: dan@benveniste.us / cell 415-646-6739, or Mr. Kent Screechfield email: kscreechfield@trcsolutions.com

Bring signed permission slip and check to Sugarloaf

Please RSVP to Dan@benveniste.us

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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): _____

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 ONE 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:** _____