### BOY SCOUTS OF AMERICA - TROOP 805 <u>ACTIVITY INFORMATION FORM</u>

# Camping, Fishing and Patrol Competitions @ George Ranch May 5<sup>th</sup> through 7<sup>th</sup> 2017

OSPL: [Needed]

- What: A two (2) night Camping, Fishing & Patrol Competition outing at George Ranch in Fremont. This camping outing will put to use and test a Scout's camping, fishing as well as team & leadership skills through activities and a competitive format with prize awards. Let's have some fun...!
- **When:** Friday May 5<sup>th</sup> through Sunday May 7<sup>th</sup> 2017
- Who: All Scouts including Jr. Assistant Scoutmasters
- Where: George Ranch @ 3163 Morrison Canyon Road, Fremont, CA 94538
- **Cost:** \$40 (Includes four (4) meals @ \$5 per meal for each Scout)
- Meet: Drop off @ Sycamore Park and Ride Friday May 5<sup>th</sup> @ 4:30pm
- Pickup: All Scouts Picked up @12pm Sunday May 7th
  - @ George Ranch 3163 Morrison Canyon Rd, Fremont CA 94538
- Uniform: Class A upon arrival and departure and Class B for other activities.

### Meals:

- Bring sack dinner Friday night
- ✤ All other meals are patrol planned and executed.
- Great opportunity for Scouts working on 1<sup>st</sup> or 2<sup>nd</sup> class cooking rank advancement requirements or Cooking merit badge. Please contact your merit badge counselor and coordinate with Mrs. Harper Wong or Mr. Benveniste.
- Questions: Contact Mrs. Harper Wong at cell 925-525-0345 or email <u>harperiwong@gmail.com</u>, or Mr. Dan Benveniste at cell 415-646-6739 or email <u>danieljbenveniste@gmail.com</u>

# Friday Night Drivers Needed! Please indicate if you can help drive Friday evening!

## Return the permission slips and checks to your Patrol Leader.

Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on **Tuesday, May 2<sup>nd</sup> 2017** 

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

## Camping, Fishing and Patrol Competitions @ George Ranch May 5<sup>th</sup> through 7<sup>th</sup> 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 of	r Guardian ( <i>please print</i> ):			
Signature:			Date:	
Home Phone:				
	ned in the event of an emerg		ify the person named below:Cell Phone:	
	rmation relates to my son:			
Physician's Name:			Phone:	
Insurance Company:				
Allergies or pertir	nent medical information	(incl. Rx & OT	C 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)
To:				
From:				
	(Re	minder: Parents are requested to	provide Troop transportation on at least two outings per year.)	
WE N			PARTICIPATE TO MEET BSA REQUIREME	ENTS.
<b>REGISTERED LEADERS:</b> Will you be participating with the troop? Yes: Name:				
	Trained? Yes: 🗌 YP expir			