

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Fages II Training Hike – May 20, 2017

OSPL : [Needed]

What: A challenging 15 mile one day hike through Briones Regional Park with elevation change of 3000 ft.

When: Saturday, May 20, 2017

Where: Briones Regional Park

Cost: \$0.00

Meet: 7:00am Danville Park & Ride

Return: Approximately 5:00pm at Danville Park & Ride

Uniform: Class B (wicking/non cotton) hiking shirt, hiking pants/shorts, hiking boots, hat

Details: All participants will need Class B (wicking/non cotton) hiking shirt, hiking pants/shorts, sturdy hiking boots (after breaking in), hat, sun protection gear, daypack, personal first aid kit, minimum **3 liters of water**, trail food (GORP etc.), compass, rain gear, appropriate clothes for the weather. **BRING LUNCH.**

Questions: Mr. Keith Chan; home phone: 925-829-3176, e-mail: kchan.ca@gmail.com

Return the permission slip to your Patrol Leader

Patrol Leaders submit the collected slips to the outing folder no later than the Troop meeting

on **Tuesday, 05/16/2017**

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

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Scout : _____

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 (please print) : _____ Cell Phone : _____

The following information relates to my son:

Physician : _____ Phone : _____

Insurance Company : _____ Group # : _____ ID/Rec # : _____

Allergies or pertinent medical information (incl. Rx & OTC meds) : _____

Tour information for adults:

| Name | Driving (Y)? | Vehicle Type | Vehicle Make/Model/Year | No. of Seatbelts | Meet min. state's liability standard* ? | YPT Expiration |
|------|--------------|--------------|-------------------------|------------------|---|----------------|
| | To: | | | | Yes No | |
| | From: | | | | Yes No | |

*Minimum Liability Insurance Requirements: \$15K for injury/death to one person, \$30K for injury/death to more than one person, \$5K for damage to property. (Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)

Registered Leaders

_____ will be participating with the troop outing, my YPT expires on _____

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