

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

15-Mile Bike Ride – July 15, 2017

OSPL Needed

What: A 15-mile round trip bike ride from San Ramon to Pleasanton and back. We will review rules of the road and do a quick ABC bike check before departing. Details of the route can be found at: <https://ridewithgps.com/routes/22630963>

When: 7:00 a.m., Saturday July 15, 2017, we will leave promptly at 7:30 a.m.

Where: Parking lot at San Ramon City Hall at 7000 Bollinger Canyon Rd

Cost: \$0.

Return: Approximately 10:00 – 10:30 a.m. Same place for pickup.

Uniform: No Class A or Class B uniform, wear a brightly colored shirt for high visibility!

Details: All participants must have complete ONE 10-mile bike ride with the troop before and know how to perform ABC bike check (**NO BIKE CHECK AT TROOP MEETING**). This outing will need: bike, helmet (properly fitted), water, bicycle repair kit, 1 spare tube (fit the bike), personal first aid kit, sunscreen, sunglasses. **ALL participants MUST wear a helmet and NO HEADSET to participate. Bike must pass safety inspection at the event.**

IMPORTANT: Parents are responsible for transporting their son and his gear both to and from this outing.

Questions: Mr. Keith Chan, home Phone: 925-829-3176 or email: kchan.ca@gmail.com

Return the permission slips and check to your Patrol Leaders.

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

Tuesday, 07/11/2017

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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) : _____

Registered Leaders / Adults

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

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