

**BOY SCOUTS OF AMERICA
TROOP 805**

ACTIVITY INFORMATION FORM

9/11 Community Remembrance – Monday, September 11, 2017

- What:** On September 11, 2001, thousands of people lost their lives in one of the most infamous attacks on America. We will honor & remember them during San Ramon Valley's 9/11 Remembrance Ceremony. All uniformed scouts and leaders are invited to participate in this meaningful patriotic ceremony. Some Scouts will be pre-staged and some Scouts will march in holding American Flags at the All Wars Memorial. The guest speaker is Wounded Navy Corpsman and local Sentinel, Derek McGinnis who has authored the Book "Exit Wounds" All are welcome to attend the 50-minute ceremony followed by ice cream for children.
- When:** Monday, September 11, 2017 5:00pm
- Where:** Meet at the All Wars Memorial at Oak Hill Park, Danville
3005 Stone Valley Road, next to Monte Vista High School
- Cost:** \$0
- Return:** Pick up your scout at 6:30pm at Oak Hill Park
- Uniform:** Class A
- Details:** Parking is available at both of the Monte Vista High School lots, located on Stone Valley Road and adjacent to the park.
Bring water.
5:00pm – Scouts should arrive and meet at the west side of pond
5:30pm – Ceremony begins
6:25pm – Ceremony ends
- Questions:** Kevin Kelly, (925) 487-4641, 4kevintkelly@gmail.com

Return the Permission Slips to your Patrol Leader

*Patrol Leaders submit the collected slips to the outing folder no later than the Troop Meeting on
Tuesday, September 5th*

→→→9/11 Remembrance Ceremony – Monday, September 11, 2017 ←←←

BOY SCOUTS OF AMERICA - TROOP 805

INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

9/11 Community Remembrance Ceremony – Monday, September 11, 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):

WE NEED AT LEAST ONE MORE ADULT TO PARTICIPATE TO MEET BSA REQUIREMENTS

REGISTERED LEADERS: Will you be participating with the troop? Yes: Name: _____

Youth Protection Trained? Yes: YP expiration date: _____