

**BOY SCOUTS OF AMERICA
TROOP 805**

Activity Information Form

**Fall Scout Skills: Survivor
Friday to Sunday, September 15-17, 2017**

- What:** A fabulous Scout camping experience based on the popular TV show, Survivor. We will be holding a weekend campout at Sugarloaf Open Space. For the weekend, we will reorganize into CREWS comprised of 1-2 boys from each year, rather than being organized by Patrol. Older Scouts will help younger Scouts and vice versa. This will enable each of 6 CREWS to be equally balanced for skill-based competitions against one another. The competitions will revolve around applying core scouting skills to situational challenges. Specifically, we will focus on those skills needed to achieve rank advancement to first class, but they will also prioritize the values of scouting contained in the Scout Law as well as have some great fun! ***Out-Law, Out-Camp, Out-Zorch!!!***
- When:** Friday, September 15th @ 5:00pm
Sunday, September 17th @ 12:00pm
- Where:** Sugarloaf Open Space Campground, 2161 Youngs Valley Rd, Walnut Creek, CA 94596
<http://www.walnut-creek.org/Home/Components/FacilityDirectory/FacilityDirectory/14/664>
- Cost:** \$40 (includes 5 meals, supplies & campground)
- Drop/Pickup:** Drop off and pickup will be at Sugarloaf Open Space Campground
- Other Details:** Arrive in Class A uniform. Crews **will** be cooking Friday DINNER together as well as Sunday BREAKFAST. If you need to complete cooking requirements, please let us know. Don't forget to bring your patrol boxes plus 10 essentials for a campout, a mess kit and plenty of scout spirit.
- Questions:** John Marshall johnmarshall1970@gmail.com or 925-200-3715

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, Sept. 5th @ Troop Meeting – We will hold a patrol corner for Scouts and ASMs on Tuesday, Sept. 12th*

➔➔➔ Fall Scout Skills: Survivor – Sept. 15-17, 2017 ←←←

BOY SCOUTS OF AMERICA - TROOP 805
INFORMED CONSENT, RELEASE AND PERMISSION TO PARTICIPATE

Fall Scout Skills: Survivor, Sept 15-17, 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): _____

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.)

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

Youth Protection Trained? Yes: YP expiration date: _____