

BOY SCOUTS OF AMERICA – TROOP 805

ACTIVITY INFORMATION FORM

Sun & Stars Astro Camping – October 21-22, 2017

An OSPL is needed for this outing

- What:** On October 21st – 22nd Troop 805 will head to Sonoma County (Sugarloaf Ridge State Park). Our day starts with solar observing where we view our closest star and learn about sunspots, prominences, flares and more. We observe through both visible light and radio telescopes.
- We will hike the "[Planet Hike](#)" on our way to the top of Bald Mountain at 2,729 feet. This hike is a scale model of the solar system and allows you to “hike” through the entire solar system by shrinking it more than 2,360,000,000 times.
- Starting at dusk, we visit the [Robert Ferguson Observatory](#) for their RFO [Public Star Party](#). The Observatory’s three main telescopes are open for our viewing. Docents set up additional telescopes and are available to answer our questions.
- We will camp overnight and Sunday morning we have the option to take the Canyon Trail, the Creekside Nature Trail, or go to the Visitor Center.
- When:** Saturday & Sunday, October 21st and 22nd, 2017
- Where:** [Sugarloaf Ridge State Park](#), Sonoma County, CA
- Cost:** \$30
- Drop off & Pick up:** **Sycamore Park and Ride**
Drop: Saturday Oct 21st 7:30am
Pickup: Sunday Oct 22nd 1:30pm
- Uniform:** Class A and B
- Details:**
- Bring: 10 Essentials, watch for change in weather and bring gear appropriately
 - GREAT for first time parent volunteers
 - Bring bag lunch for Saturday
 - Cooking opportunities Saturday night and Sunday morning
 - Possible astronomy partial merit badge completion
 - We need parent drivers
- Questions:** Scott Evans (captain.scott04@yahoo.com) and Dan Benveniste (dan@benveniste.us)

Return the permission slip and check to your Patrol Leader.

Patrol Leaders submit the collected slips & money to the outing folder no later than

Tuesday, October 10th, 2017

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Sun & Stars Astro Camping October 21st & 22nd 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 ADULTS: Will you be participating with the troop? Yes: Name: _____

Youth Protection Trained? Yes: YP expiration date: _____

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