

# BOY SCOUTS OF AMERICA - TROOP 805

## ACTIVITY INFORMATION FORM

### Angel Island Tour and Hike – February 24, 2018

OSPL: TBD

**What:** Angel Island State Park, the largest natural island in the San Francisco Bay, offers some of the best views of the surrounding Bay Area. From 1910 to 1940, the U.S. Immigration Station processed hundreds of thousands of immigrants, the majority from China. During World War II, Japanese, and German POWs were detained at the Station before being sent to facilities farther inland. During this event, scouts will have the opportunity to have a guided tour of the immigration station as well as hike up to the top of the island. They will also have a ferry ride to and from the island, a fresh baked pastry before the ferry ride, and an ice cream cone after returning from the island. This is a wonderful opportunity to not only get out in the fresh air and beauty of the Bay Area during an approximately 5 mile hike, but also experience some of the rich history of this culturally diverse area we live in.

**When:** Saturday, February 24, 2018 from 8:00 a.m. to 6:00 p.m.

**Meet:** Sycamore Valley Park and Ride. Leaving 8:00 a.m. SHARP!

**Cost:** \$48 per participant. Includes transportation, park entrance fee, guided tour, pastry and ice cream.

**Return:** Approximately 6:00 p.m. depending on traffic. Scouts will be driven home.

**Uniform:** Class B

**Details:** Scouts should have a day pack with at least 2 liters of water and bag lunch. Event limited to first 5 driving adults and 20 scouts.

**Questions:** Pete Alexander, cell: 925-915-0364, email: [pete.alexander@gmail.com](mailto:pete.alexander@gmail.com)

**Return the permission slips to your Patrol Leader.**

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on  
**Permission Slips Due by February 13<sup>th</sup>, 2018***

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

**Angel Island Tour & Hike – Saturday, February 24, 2018 from 8:00 – 6:00**

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**

<b>Drive?</b> (Check if Yes)	<b>Vehicle</b> <b>Year / Make / Model</b>	<b>No. of</b> <b>Passengers</b>	<b>Driver's License / Name / Cell Phone</b>	<b>Auto Insurance</b> (Min.: \$50K/\$100K/\$50K)
<input type="checkbox"/>				
<b>To:</b>				
<input type="checkbox"/>				
<b>From:</b>				

*(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)*

**WE NEED AT LEAST ONE MORE ADULTS TO PARTICIPATE TO MEET BSA REQUIREMENTS.**

**REGISTERED LEADERS: Will you be participating with the troop? Yes:  Name:** \_\_\_\_\_

**Youth Protection Trained? Yes:  YP expiration date:** \_\_\_\_\_

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