

BOY SCOUTS OF AMERICA - TROOP 805
ACTIVITY INFORMATION FORM

Fishing and Camping @ George Ranch
March 9th and 10th 2018

OSPL: [Needed]

- What:** 24 hours of Camping and Fishing at George Ranch
- Arrive Friday afternoon by 4pm to camp overnight or Saturday by 9am for Fishing only at George Ranch in Fremont. This camping outing will put to use and test a Scout's Camping and Fishing Skills. Friday night and Saturday morning Cooking opportunities available. Let's have some fun...!
- When:** **Arrive** Friday Mar 9th between 4pm & 5pm and **Pickup at 4pm Saturday** Mar 10th 2018.
- Who:** **Scout Rank and/or 2nd Year Scouts and above**
- Where:** George Ranch @ 3163 Morrison Canyon Road Fremont, CA 94538
- Cost:** \$15 (Includes two (2) meals @ \$5 per meal for each Scout)
- Meet:** Drop off @ George Ranch @ 4:00pm Friday March 9th
- Pickup:** All Scouts Picked up @ 4pm Saturday March 10th
@ George Ranch 3163 Morrison Canyon Rd, Fremont CA 94538
- Uniform:** Class A upon Arrival and Departure and Class B for other activities.
- Bring:** 10 Essentials, foul weather gear.
- Meals:**
- ❖ **Bring your own fishing gear! ASM's can provide gear if needed.**
 - ❖ **Bring Friday Night Sack-Dinner**
 - ❖ **All other meals are Patrol Planned and Executed.**
 - ❖ **Opportunity for Scouts working on 1st or 2nd class cooking rank advancement requirements or Cooking Merit Badge for Breakfast and Lunch for ASM's. Please contact your Merit Badge Counselor.**
- Questions: Contact:** Mr. Dan Benveniste at cell 415-646-6739, email: dan@benveniste.us

Register and Pay in TroopMaster - bring permission slips Patrol Leader.
Patrol Leaders submit the collected slips to the outing folder no later than the Troop Meeting on
Tuesday, March 6th 2018

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

Camping and Fishing @ George Ranch
Mar 9th through 10th 2018

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.)

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: _____