

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

10-Mile Bike Ride – Saturday May 19, 2018

OSPL Needed!!

- What:** An easy, flat 10-mile bike ride to Alamo and back along the Iron Horse trail. We will review cycling rules of the road and will do a quick bike safety check before departing.
- When:** 11:00 am Saturday, May 19, 2018
- Where:** **Meet at** Osage Station Park parking lot. Osage Park is located in Danville north of Charlotte Wood Middle School at 816 Brookside Drive.
- Cost:** \$0, but participants will need to bring money (\$5) for snack or cold drink in Alamo. Unfortunately, Loards Ice Cream in Alamo recently closed, so we will research other possible snack locations.
- Return:** Approx. 2:00 pm. Pick up will be at the same location at Osage Park parking lot.
- Uniform:** Appropriate Cycling clothes; Troop 805 Cycling shirt (or other bright shirt); **well fitted helmet**; eye protection (sun glasses); cycling gloves (recommended); closed toe shoes.
- Details:** **Mandatory ABC Bike Check** All participants need to bring both their bikes and helmets to the Troop meeting on May 15th for a mandatory inspection. My expectation is that Scouts will conduct an inspection for fit, condition of components, and function at home and present us with bicycles that need only minor adjustments. Please contact me if you need to make other arrangements for this mandatory inspection.
- Parents are responsible for transporting their son and his gear both to and the staging area at Osage Park. Bring water to cycle with (bottle in cage or a hydropack), sunscreen and energy bar(s). ***We need adults to support this outing. I would like to have at least one adult for every 5 scouts attending this outing.***
- Questions:** Mr. Carstensen phone (510) 731-7513 or email: adcarsten@outlook.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, May 15, 2018*

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

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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: _____

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