

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Mt. Hermon Sequoia Aerial Adventure – Sunday, November 11, 2019

OSPL: TBD

What: Have an exhilarating adventure while exploring the redwood forest! Select your level of challenge on three aerial trails and 30 elements, including swinging logs, cargo nets, and cables set 30 to 80 feet in the air! Mount Hermon's highly trained staff offer instruction and monitor your progress through the course. This 2-hour session gives you access to the entire aerial adventure course of 30 elements plus two zip lines and the quick jump.

When: Sunday, November 10, 2019

Where: Mt. Hermon Adventures, 17 Conference Dr, Felton, CA 95018

Meet: Danville Park & Ride 11:45am, Depart at 12pm sharp

Cost: \$80

Return: Danville Park & Ride, ETA 6:00-6:15pm, Scouts will call parents when leaving Mt. Hermon

Uniform: Class B, Pants, Closed Toe Shoes, Jacket (Rain Coat if raining)

Details: **Participating Scouts must be 13 years or older and be at least 54” tall and weigh more than 75lbs. Activity is limited to 16 Scouts.**
Scouts should bring a backpack with water bottles and snack. This is a rain or shine event, please dress accordingly. Please eat lunch prior to the event. Parents to complete Mt. Hermon Adventures Online Waiver via link below or through Troopmaster RSVP
https://www.smartwaiver.com/auto/?auto_waiverid=56967b35190ca&auto_tag=r1427878

Questions: Mrs. Kelly, cell: (925) 216-0292, email: 4amykelly@gmail.com
Mr. Screechfield, cell: (925) 570-1999, kscreechfield@trccompanies.com

Payment is due via Troopmaster Paypal *by Friday, November 1, 2019*
Return the permission slip to your Patrol Leader *no later than the Troop Meeting on November 5, 2019*

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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: _____