

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Monterey Bay Aquarium ~ Saturday January 11, 2020

OSPL: Austin Dayoan

- What:** Monterey Bay Aquarium
- When:** Saturday January 11, 2020
- Where:** Monterey Bay Aquarium, 886 Cannery Row, Monterey, CA
- Meet:** Sycamore Park and Ride at 6:00AM Check In, Departure at 6:15AM
- Cost:** \$45.00
- Return:** Sycamore Park and Ride at 8-9PM, we will call when we're 45 minutes from Park and Ride. **Parents please we ask that you be at Park and Ride, waiting for our return.**
- Uniform:** Class A, Scout Pants or Shorts and "mandatory" closed toe shoes
- Details:** Spend a day with the Sea Creatures, which is part of our theme "By Land Or By Sea". Enjoy informative classes, watch feeding sessions and just enjoy the day exploring.

All those attending must bring the following:

- 1) Food = Breakfast in the car, lunch (in a bag) and money for dinner stop on the way home \$15.00
- 2) Water Bottle
- 3) If you'd like your Scout to have spending money, the amount is entirely up to the parents. Please note your Scout is responsible for his own things.

Questions: Mrs. Wong (925) 525-0345 harperiwong@gmail.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

December 17, 2019

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

Monterey Bay Aquarium – Saturday January 11, 2020

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: _____