

## SCOUTS BSA - TROOP 805

### PARENTAL PERMISSION FOR PARTICIPATION IN AN OUTDOOR ACTIVITY

**2022 Meridian District Camporee – April 29 – May 1, 2022**

**OSPL: TBA**

- What:** Meridian District Camporee
- When:** Friday, 4/29/22 4:30pm – Sunday, 5/1/22 12:30pm
- Who:** 2<sup>nd</sup> Year Scouts and Above
- Depart:** **4:30PM sharp Friday 4/29**, Danville Sycamore Park & Ride
- Cost:** \$60 (Includes District Camporee Fee, Shirt & Patch, plus 4 Meals – Bring a Sack Dinner for Friday night)
- Return:** **Sunday 5/1 between 12:00-12:30PM** Scouts will be returned home on the way back from camp by our Parent volunteer drivers
- Uniform:** Travel to/from in Class A Uniform and for Uniform Inspections and Flag Ceremonies, Class B Uniform at other times. Camporee Class B T-shirts will be issued upon our arrival at camp. All other clothing, including hats, must either have a scouting logo or plain. No team, insignia or camouflage clothing.
- Details:** Join Scout BSA Troops from all over the Meridian District “Universe” for 2 nights of camping at Rancho Los Mochos Scout Camp in Livermore for an exciting Nexus event Enjoy fun multi-patrol competitions, archery, rifle, tomahawks on Saturday plus a cooking competition and an awesome campfire program Saturday night.

Please **sign up on Troopmaster by March 16th** with your shirt size so we can meet the District’s registration deadline.

**\*\*\* Proof of Vaccination** (2 Doses at least 14 days prior) **or Negative Covid Test Result** within 72 hours of arrival (Booster not required at this time) + **Firearms Permission Slip** to participate in any Shooting Sports while at camp – Archery and/or Rifle\*\*\*

**Parents, We will need A LOT of drivers** to get our scouts to camp and home from camp as parking is extremely limited at RLM. Please let us know if you can help drive either way or both. Thank you!

**Questions:** Mr. Szeto [aszeto@gmail.com](mailto:aszeto@gmail.com) 510.301.4717

**Return completed permission slip to your Patrol Leader.**  
**Patrol Leaders, submit collected permission slips to the Outing File Box no later than:**  
***APRIL 19, 2022***

Packing List:

Ten Essentials  
Backpack  
Mess Kit

Sleeping Bag  
Sleeping Pad  
Other personal camping gear

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT  
**2022 Meridian District Camporee – April 29 – May 1, 2022**  
**OSPL: TBA**

I hereby give permission for my child, \_\_\_\_\_, to attend this outing with 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 also understand that any social or recreational activity like this outing comes with the risk that participants will be exposed to illnesses or viruses, including but not limited to COVID-19. 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 including the direction of the adult leaders of the activity. I release the Boy Scouts of America, the local council, Troop 805, 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.

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):** \_\_\_\_\_

<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.)

<b>REGISTERED ADULTS: Will you be participating with the troop? Yes: <input type="checkbox"/> Name: _____</b>
<b>Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____</b>