

**SCOUTS BSA - TROOP 805**  
PARENTAL PERMISSION FOR PARTICIPATION IN AN OUTDOOR ACTIVITY  
**Sun & Stars Astro Camping – OSPL Josh B.**

- What:** Sun & Stars Astro Camping
- When:** February 26<sup>th</sup> - 27<sup>th</sup>, 2022
- Where:** Sugarloaf Ridge State Park, Sonoma County
- Cost:** \$40 / Scout (includes Campsite, Meals, Star Party Ticket)
- Depart:** **12:00PM Meet at Danville Sycamore Valley Park & Ride** for check in before departing for Sugarloaf Ridge State Park at 12:30PM sharp (Parents, please wait until your scout has checked in with Troop prior to departing from Park & Ride)
- Pick-Up:** **12:30PM Pick Up at Danville Sycamore Valley Park & Ride**
- Uniform:** Travel in Class A, Class B for rest of Campout
- Details:** Troop 805 will head to Sonoma County (Sugarloaf Ridge State Park) for an overnight camping outing right next to the Robert Ferguson Observatory where at 7:00PM starts the RFO Public Star Party. In addition to, our OSPL Josh and his Telescope and Star Tours, the Observatory's three main telescopes will be open for our viewing and Docents set up additional telescopes and are available to answer our questions. We will camp overnight Saturday and Sunday morning we have the option to take the Canyon Trail, the Creekside Nature Trail, or go to the Visitor Center.

Great opportunity for cooking on Saturday night and Sunday morning. Plus possible opportunity to work on Astronomy merit badge partials.

All participants must be healthy to participate. Proof of Covid Vaccination or Negative Test Result within 48 Hours of Public Star Party required to participate at the Observatory on Saturday evening.

Parent drivers are needed. Please indicate if you can drive on Permission Slip. Thank you!

**Questions:** ASMs Dan Benveniste dan@benveniste.us 415-646-6739

**Return completed permission slip to your Patrol Leader.**  
**Patrol Leaders, submit collected permission slips to the Outing File Box no later than:**  
***Tuesday Troop Meeting on February 15<sup>th</sup>, 2022***

Packing List:

Ten Essentials  
Backpack  
Sleeping Bag & Pad

Dress for the Weather  
Mess Kit  
Other personal camping gear

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**SCOUTS BSA - TROOP 805**  
INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

**Sun & Stars Astro Camping – OSPL Josh B.**

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

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.)

<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>

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