

SCOUTS BSA - TROOP 805

PARENTAL PERMISSION FOR PARTICIPATION IN AN OUTDOOR ACTIVITY

Camp Tam Marksmanship Weekend – October 22-23, 2022

OSPL:

- What:** Are you ready for some rootin' tootin' shootin'? Do you want to channel your inner William Tell? Have any partials in archery? Want to throw a Tomahawk, shoot a .22 rifle or use a sling shot? Come join Troop 805 in an action-packed weekend of shooting sports at Camp Tamarancho in Marin.
- Where:** Camp Tamarancho Scout Camp, 1000 Iron Springs Rd, Fairfax, CA 94930
- When:** **Saturday, October 22nd @ 7:00 a.m. – Sunday, October 23, 2022 @ 12:00 pm**
- Who:** **All registered Troop 805 Scouts and Leaders**
- Depart:** **7:00 a.m. sharp Saturday, October 22nd @ Danville Sycamore Park & Ride**
- Cost:** \$50 (Includes campground & shooting fees, plus 3 meals)
- Return:** **Sunday, October 23, 2022 @ 12:00 pm @ Danville Sycamore Park & Ride.**
- Uniform:** Travel to/from in Class A Uniform & for flags. Class B for all other times.
- Details:** Please **sign up on TroopMaster by October 4, 2022.**

Required Documents:

- i. Indicate on the **Google Form** which shooting events you are interested in, if you need to work on completing a partial Archery Merit Badge **and if you wish to cook.**
- ii. GGAC **Shooting Sports Permission Slip.**

Scouts will cook in patrols and plan for 2 meals on Saturday and a breakfast on Sunday.

Parents, need drivers to get our scouts to and home from the campout. Please let us know if you can help drive either way or both. Thank you!

Questions: Mr. Lannus @ plannus@yahoo.com or 925.822.7896

Return completed permission slip to your Patrol Leader.
Patrol Leaders, submit collected permission slips to the Outing File Box no later than:
October 4, 2022

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT
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OSPL:

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.)

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

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