

# BSA Troop 19 - Activity Consent Form and Approval by Parents or Legal Guardian

First name of participant, middle initial and last name \_\_\_\_\_

Birth date (month/day/year) \_\_\_/\_\_\_/\_\_\_ Age during activity \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has approval to participate in: Nashua River Rail Trail Bike Trip – Nashua, NH to Ayer, MA

Date: Sunday, March 31, 2019 – 12:00 noon to 5:00 pm

Without restrictions

Special considerations or restrictions:

Health & Safety Forms Required for all attending (*must be updated annually*):

<http://www.scouting.org/scoutsource/HealthandSafety/ahmr.aspx>

Forms A, B    Forms A, B, C (*requires physician's signature*)

He requires the following medication (dosage/freq):

\_\_\_\_\_  
\_\_\_\_\_

Who will carry medication? (Circle one) (Scout) (Adult Leader) (Parent/Guardian)

He is allergic to the following:

\_\_\_\_\_

My son will attend the full activity. He will leave and return to church with troop  Yes  No  
If no, special arrival/departure notes:

\_\_\_\_\_

**Parent/Guardian:** I would like to attend  No  Yes

I will drive  both ways  one way, deliver only  pickup only

All will wear seat belts. I can transport \_\_\_ seat-belted passengers.

Vehicle type, year, Model \_\_\_\_\_

Vehicle Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Owner name: (if different) \_\_\_\_\_

Driver's license # \_\_\_\_\_ State Issued: \_\_\_\_\_

All vehicles must be covered by automobile liability insurance with limits that meet or exceed requirements of the state in which the vehicle is licensed. It is recommended that coverage limits are at least \$50,000/\$100,000/\$50,000.

Liability Insurance: person \_\_\_\_\_ accident \_\_\_\_\_ property damage \_\_\_\_\_

I will contact Activity Coordinator regarding directions.

**Hold Harmless Agreement**

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, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

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.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number(s) where you can be reached during the activity:

\_\_\_\_\_

Emergency Contact (other than you): \_\_\_\_\_ Phone \_\_\_\_\_

Contact the adult tour leader with any questions:

Name: Paul Guertin

Phone: 603-595-0257 / Cell 603-321-4128

Email: [guertinnh@myfairpoint.net](mailto:guertinnh@myfairpoint.net)

# Trip Planning Information

**(Keep this sheet)**

Activity: *Nashua River Rail Trail Bike Trip*

Location: Gilson Road, Nashua

Activity Coordinator: Paul Guertin

Day/Date: Sunday March 31, 2019

Scout Coordinator: Jared Castillo

Cost: bring money for Ice Cream/snack stop

Leave From: Gilson Road Parking Area      12:00 Noon

Return To: Gilson Road Parking Area      5:00 pm

Emergency Numbers: MA State Police 978-772-8800 / NH State Police: (800) 852 3411

## Equipment Guide

*This is a general list of recommended equipment and clothing that the participant should review and adjust based on the time of year and weather forecast.*

- Bike Helmet
- Snack
- Money for Ice Cream / return snack break
- Upper-Body Layers
- Lower- Body Layers
- Gloves
- Belt
- Bandana or Handkerchief
- Water proof jacket
- Sunglasses
- Watch
- First Aid Kit
- Sun Screen
- Lip Balm
- Pocket knife
- Matches
- Whistle
- Pad & Pencil
- 2 Water Bottles (1 quart each - FILLED)
- Toilet Paper
- Day Pack
  
- Troop 19 Full Uniform required  Yes  No
- Troop 19 Activity T-Shirt is required  Yes  No

Notes:

Please bring water bottles, a snack and additional layers as necessary to be prepared for changing weather conditions.

The plan is to ride for approximately 2 hours, take a 15 minute snack break, and then begin the ride back. We should meet approximately 1.5 hours after the snack break in Pepperell for an Ice Cream / snack break and then proceed back to the Gilson Road parking lot.

One way to regulate body temperature is to wear the right clothing and layer your clothing properly. Clothing items should be kept versatile enough to meet various seasonal and weather conditions you may encounter. Since each person's body is different, experiment to determine your individual requirements.