



# Troop 84

## Cycling Merit Badge



**What:** Work on partial requirements for the Cycling Merit Badge. You must complete the required rides on your own or with the troop at a later date (or you may have done many already).

There will be two sessions; each one will work on different requirements.

**Who:** Hawks and older scouts are invited. You must be able to ride 15 miles in under two hours.

**When:** First Meeting: May 18<sup>th</sup>, Thur, 6:30-8:00 pm (same time as Bike Shakedown)  
Second Meeting/Ride: June 8<sup>th</sup>, Thur, 6:00-8:45 pm

**Where:** Both meetings will be at Mr. Munley's house. Scouts are responsible for transporting their own bikes to and from Mr. Munley's house.

**Signup:** Signup and permission slip due May 15<sup>th</sup>.

**Cost:** \$5.00

**Details:** First Session Details:

During the Bike Shakedown Inspection for the Giants' Workshop bike trip you will be working on Cycling MB requirements 1, 2, 3, 4, 5 & 7. Before this meeting you must inspect your bike and make your own repairs. You will present your bike for inspection as detailed in requirements 2, 3 & 4 and then discuss requirement 1 & 7. For requirement 5 you will change a tire on a demonstration bike. You will also assist with the bike shakedown and inspect/repair other scout's bikes. You do not have to go on the Giants' Workshop trip in order to do this.

Second Session Details:

During the second session we will be covering all the requirements in 6 by taking a 15-mile bike ride on Raritan and Hillsborough roads, which will also cover one of the rides in requirement 8. You must wear a helmet and appropriate clothing for the ride. Bring two large water bottles or a CamelBack. Bring a backpack to take on the trip and rain gear. Bike gloves are strongly recommended.

NOTE: A geared bike is a must. Single speed or dirt bikes are not allowed.

>>>> > The 15-mile ride will cover hilly and flat terrain; scout must be able to maintain a 10 MPH pace for 1.5 hours. This pace is a must in order to complete the ride by 8:00 pm.

**Other:** In order to complete the Merit Badge, Scout must also complete requirement 8, which is two rides of 10 miles each, two rides of 15 miles each, and two rides of 25 miles each. Then requirement 9, which is a 50-mile ride. Scouts may do this on their own or with the troop.

Some rides a Scout may have already done: Philly Bike ride (5/04) 15 miles, Mason-Dixon ride (6/05) 25 miles, Giants Workshop (5/06) 10 or 15 miles, Gap MTB (7/04) 10 miles, Minnewaska MTB (7/05) 10 miles or other rides in prior years.

During the summer we will plan a 50 mile trip, date to be determined.



# CYCLING

## Merit Badge Requirements

- 1) Show that you know first aid for injuries or illnesses that could occur while cycling, including hypothermia, heat reactions, frostbite, dehydration, insect stings, tick bites, snakebites, blisters and hyperventilation.
- 2) Clean and adjust a bicycle. Prepare it for inspection using a bicycle safety checklist. Be sure the bicycle meets local laws.
- 3) Show your bicycle to your counselor for inspection. Point out the adjustments for repairs you have made. Do the following:
  - A) Show all points that need oiling regularly.
  - B) Show points that should be checked regularly to make sure the bicycle is safe to ride.
  - C) Show how to adjust brakes, seat level and height, and steering tube.
- 4) Describe how to brake safely with foot breaks and with hand brakes.
- 5) Show how to repair a flat. Use an old bicycle tire.
- 6) Take a road test with your counselor and demonstrate the following:
  - A) Properly mount, pedal, and brake including emergency stops.
  - B) On an urban street with light traffic, properly execute a left turn from the center of the street; also demonstrate an alternate left turn technique used during periods of heavy traffic.
  - C) Properly execute a right turn.
  - D) Demonstrate appropriate actions at a right-turn-only lane when you are continuing straight
  - E) Show proper curbside and road-edge riding. Show how to ride safely along a row of parked cars.
  - F) Cross railroad tracks properly
- 7) Describe your state's traffic laws for bicycles. Compare them with motor-vehicle laws. Know the bicycle-safety guidelines.
- 8) Avoiding main highways, take two rides of 10 miles each, two rides of 15 miles each, and two rides of 25 miles each. You must make a report of the rides taken. List dates, routes traveled, and most interesting things seen. \*
- 9) After fulfilling requirement 8, lay out on a road map a 50-mile trip. Stay away from main highways. Using your map, make this ride in 8 hours.

# Cycling Merit Badge

## Signup and Payment Due May 15<sup>th</sup>

Scout \_\_\_\_\_

Will Participate

Will Not Participate

Parent is Participating in the Activity

Yes

No

**BOY SCOUTS OF AMERICA**  
**TROOP 84 SOMERVILLE, NJ**  
**WAIVER AND PERMISSION FORM**

MY SON \_\_\_\_\_ HAS PERMISSION TO PARTICIPATE  
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Cycling Merit Badge

WHICH WILL BE HELD AT Raritan & Hillsborough, NJ

MEDICAL CONDITIONS/RESTRICTIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) \_\_\_\_\_

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. \_\_\_\_\_ AT \_\_\_\_\_

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

\_\_\_\_\_  
Parent's name (Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications:  
Please check consented medications.

For headaches:

Acetaminophen (Tylenol) \_\_\_\_\_

For muscle aches:

Ibuprofen (Advil) \_\_\_\_\_

For hay fever, bee stings, poison ivy:

Antihistamine \_\_\_\_\_

For upset stomach:

Antacid (Tums) \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date