



Troop 84

Giants Ledge Backpack Trip

- When:** Friday, September 29th to Sunday, October 1st, 2006
- Highlights:** Backpack for part of 3 days in the beautiful and rugged Catskills. Patrols will hike & camp together.
- Friday – Start at Fox Hollow Trail Head hike ½ mile to Slide Mtn wilderness area.
- Saturday – Hike up Panther Mtn (3720 ft) where an asteroid hit 350 Million years ago. Then traverse the ridge to Giants Ledges. Here we will find 360° panoramic views and our campsite. A total of 6 miles on Saturday.
- Sunday – After watching sunrise from your sleeping bag, hike down to Woodland Valley to meet the rest of the troop's campers. A total of 4.5 miles on Sunday.
- Depart:** 4:45 pm Friday night from First United Methodist Church (We will wait for those that can not make it until 5 pm, must inform Mr. Munley of late arrival.)
- Return:** Sunday, approximately 5 pm at Mr. Munley's house, you will be called.
Contact: Mrs. Cindy Aubry or Mrs. Lori Quinn.
- Ranger:** Region 3: 914-256-3083. Woodland Valley: 845-688-7647
- Signup:** You should have already signed up and paid the \$8 trip cost, but permission slips are due Monday, September 18th.
- Food Cost:** \$14 due in cash to patrol leader at signup on September 18th.
- Equipment:** Follow attached list carefully and note special backpacking instructions.
- Wear:** Hiking Boots, Seasonal Clothing, Troop Hat & Watch
- Bring:** Daypack with dinner, drink and change of clothing for your return on Sunday.
- Trip Leader** Mr. Chris Munley
- Special Shakedown:** Thursday, September 28th from 6-7 pm at Mr. Munley's house. You must stay the whole hour until your patrol is packed. We will be dividing up patrol gear and loading it into your backpacks.



Troop 84

Backpack Notes/Tips

- >> Cotton kills!! Stay Away from as much cotton as possible.
- >> No Blue Jeans – They weigh a ton to carry and take forever to dry!
- >> Patrol Gear will be divided among all participants; so don't fill your pack with unnecessary items.
- >> Pack should only weigh 20% of your weight.
- >> Make sure everything is secured well.
- >> Crew will share backpack soap.
- >> Leave those 5 pound flashlights at home.
- >> Think Light.
- >> We will use trail tarps to keep weight down.
- >> Waterproof your boots before trip (if not Gore-Tex) and check your laces.
- >> Clip your toenails. Don't forget the moleskin.
- >> You will not have room for a winter jacket. Bring a light one and dress in layers.
- >> Troop will supply everything that is not on the trip equipment list.

QUESTIONS: Call Mr. Munley @ 908-722-9579

Catskills Backpack Equipment List

To be worn on departure:

Troop Hat _____ Hiking Boots _____ Hiking Socks _____

Seasonal Clothing _____ Seasonal Jacket _____ Watch _____

To be packed in your Daypack: Note: The daypack will remain in the cars while you backpack.

Daypack _____ Friday Drink _____ Friday Dinner _____

Clothes for return trip on Sunday _____

Optional : Car Games/Book _____

To be packed in your Backpack:

Backpack _____ Backpack Cover _____ Rescue Blanket _____

Light Weight Sleeping Bag (in stuff sack and waterproof bag) _____

Ground Cloth _____ Sleeping Pad _____

Sleepwear _____ Sweat Shirt _____ Insulated Underwear _____

2 Hiking Socks _____ 2 Sock Liners _____ Underwear _____

1 Pr Pants (no jeans) _____ Long Sleeve Shirt _____ 1 T Shirt _____

Rain Jacket _____ Rain Pants _____ ¼ roll Toilet Paper _____

Personal First Aid Kit _____ Pocket Knife _____ Compass _____

Bathing Suit _____ Backpack Towel _____ 2 Med Garbage Bags _____

Flashlight/Head Lamp _____ Extra Batteries _____ Sock Hat _____

#1 Water Bottle _____ #2 Water Bottle (32oz) _____ Toothbrush/Small Clean-up _____

Vittles Kit _____ Large Cup _____ Bowl _____

Optional : Camera / Cards _____

Catskills Campout & Hike

Permission Slip Due September 18th

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 Catskills Campout & Hike/Backpack Trip

WHICH WILL BE HELD AT Catskills, New York

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