

Troop 84

Indoor Rock Climbing

When: Saturday, December 16th, 2006.

Highlights: By popular demand we are returning to the East Coast's Best Rock Gym. This place boasts over 7,000 sq ft of climbing with 40-50 ft high walls along with overhangs, bulges, roofs and caves. The New Jersey Rock Gym also has one of the best bouldering walls in the country. We will be climbing, rappelling and bouldering at this climbing paradise for a 2 hour session.

Rattlers, Scorpions and Adults may take advantage of the Belaying Option: If you wish, you can take a quick test and belay your fellow scouts. You will be able to climb ½ of the time and save money.

Where: NJ Rock Gym, Wayne, NJ 973-439-9860.

Depart: 9:00 am from First United Methodist Church.

Return: Approximately 2:00 pm. You will be notified when to pickup your son at Mr. Munley's.

Signup: Monday, December 4th

Cost: \$22 for climbing or \$12 for Belay option due with permission slip and liability waiver on December 4th.

Adults willing to help belay need to pay the belay option also \$12.

Adult Leaders: Of course you can climb and belay. But either way, we need you to volunteer to drive.

Meals: Bring money; we will be stopping on the way home.

Wear: Loose fitting clothes like sweat-pants and sweat-shirt or t-shirt. Also wear sneakers; no boots will be allowed for rock climbing. If you want to you can rent climbing shoes for \$5.

PARENTS: Don't forget to sign the liability waiver!

Indoor Rock Climbing

Signup and Payment Due December 4th

Scout _____ Will Participate Will Not Participate
Parent is Participating in the Activity Yes No
Parent is available to provide transportation Yes No
If Driving, Number of Seat Belts (including driver) in Vehicle is

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 Indoor Rock Climbing

WHICH WILL BE HELD AT NJ Rock Gym, Wayne, 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