



Troop 84 BlueMountain Ski Trip



When: Sunday, March 4th, 2007.

Invited: Troop 84 Scouts & their families

Rain Date: Sunday, March 11th, 2007

Highlights: Ski or Board The Blue! Blue Mountain has Pennsylvania's highest vertical drop at 1082'. Lessons available for all ability levels. Great opportunity for someone who has never skied or boarded before to experience something new. www.skiblument.com

Depart: 6:45 am from 1st United Methodist Church.

Return: Approximately 7:00 pm at Troop Garage – will be called.

Contact: Mrs. Shelly Nolan or Mrs. Lori Quinn.

Where: Blue Mountain Ski Area, Palmerton, Pa

Phone: (610) 826-7700

Signup: Signup, Fees and Permission slips are due on Monday, February 19th.

During sign-up, parent must complete the rental form.

Cost: Depends on activity, see attached sheet.

Meals: Lunch : \$10 or bring your own lunch.

Dinner : \$7 may stop on the way home depending on driver.

Other

\$2 in quarters for lockers for your belongings.

Wear: ___ Insulated long underwear(non cotton) ___ 1 pr light socks ___ 1 pr wool socks

___ Turtleneck ___ Sweater ___ Ski/Winter Jacket

___ Sweat pants or comfortable jeans ___ Ski pants or water proof nylon pants

___ Nylon Ski gloves ___ Winter hat ___ scarf and/or face protection



Blue Mountain Ski Trip Cost Worksheet

Please hand in this form with you payment and permission form.

Only Scouts need permission forms. Siblings must be accompanied by an adult.

Important Note on Lessons:

- Scouts & Siblings who have no experience will be required to take group lessons.
- Intermediate lessons must be taken by Scouts who had beginner lessons last year & for those wishing to refine their skills.
- Scouts working towards their Snow Sports Merit Badge will be required to take a lesson at their appropriate level.
- Lessons always an option for everyone else!

ACTIVITY	ACTIVITY DESCRIPTION	ADULT	Youth 15 & under
SKIING			
Lift	Lift Only (All Areas)	\$28	\$24
Ski Lift & Rental	Ski Lift & Rental (All Areas)	\$43	\$37
Ski Lift & Lesson	Ski Lift & Lesson (All Areas)	\$41	\$37
Ski Pkg	Ski Lift, Rental & Lessons (All Areas)	\$54	\$47
Beg Ski Pkg	Beginner Ski Lift, Rental & Lessons - Beginner Slope Only	\$32	\$31
BOARDING			
Lift	Lift Only (All Areas)	\$28	\$24
Brd Lift & Rental	Boarding Lift & Rental (All Areas)	\$49	\$42
Brd Lift & Lesson	Boarding Lift & Lesson (All Areas)	\$41	\$37
Brd Pkg	Boarding Lift, Rental & Lessons (All Areas)	\$60	\$53
Beg Brd Pkg	Beginner Brd Lift, Rental & Lessons - Beginner Slope Only	\$36	\$35

ACTIVITY	COST	NAME	AGE (Adult or age)	EXPERIENCE (None, Beginner, Novice, Experienced)
Total Cost :				

Blue Mountain Ski Trip

Signup and Payment Due February 19th

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 Blue Mountain Ski Trip

WHICH WILL BE HELD AT Blue Mountain Ski Area, Palmerton, PA

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