

Troop 84

VENTURE W INTER TRIP CATSKILL SNOW TREK

DATE: Saturday, February 2 – Sunday, February 4, 2007

Depart: 7am from First United Methodist Church

RETURN: approximately 3pm at troop garage

Location: Forestburg Scout Reservation, N.Y.

Phone: 845-856-3008

Sign-up date: Monday January 22 with permission form

Cost: \$30.00 due with permission slip at sign-up

Food cost: \$12.00 due in cash at crew signup

Bring money for lunch on the way home

Bring: Day pack, change of clothes, Car Games

Wear: Ski pants, Hiking socks, sock liners, waterproof gloves, snow boots, warm jacket, synthetic insulated long underwear(top & bottom), sweater, watch, winter hat and ski mask

ABSOLUTELY NO COTTON UNDER LAYERS – COTTON KILLS

Highlights: include full gear snowshoe past glorious frozen waterfalls and Tecumseh rock, named after an Indian. We will stay at the Jim King Outpost. In order to survive the night we will build snow shelters. If the weather is less than exemplary we will stay in our own cabin. We will toboggan suicide hill on Sunday.

Packing List

Back pack____ Ground cloth____ Extra sneakers____

Sweat Pants____ Vittle kit____ Flashlight____

Extra batteries____ Winter sleeping bag in stuff sack____

Sleeping Bag Liner or Blanket_____

Sleeping pad____ Hiking socks____ Underwear____

Sweatshirt____ Large cup____ Pillow or case____

Sock liners____ Clean-up kit____ 2 medium size garbage bags____

Two filled water bottles____ Second pair insulated underwear____

Second Pair of gloves____ First Aid Kit____ Compass____

Optional: Toboggan or sled____

 Camera____

 Cards____

Catskill Winter Venture Trip

Signup and Payment Due January 22nd

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 Catskill Winter Venture Trip

WHICH WILL BE HELD AT Forestburg Scout Reservation, NY

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