

## Troop 84

# CATSKILL W INTER CABIN TRIP

When: Saturday, February 3<sup>rd</sup> to Sunday, February 4<sup>th</sup>, 2007

Highlights: One of our favorite annual events, the Winter Cabin Trip, will be at a Catskill's Scout Camp. Activities depend upon the weather, but this location along with the time of the year usually guarantees a lot of snow & frozen lakes. Your choice of activities: sledding, snow shoeing, ice skating, ice fishing, winter camping skills, outdoor cooking and winter snow stalking. Almost a full moon Saturday Night so in the evening we may go sledding again or the patrols can compete in Nighttime Winter Snow Stalking.

On Sunday we toboggan down "Suicide Hill" !!!!

Venture Option: Snow shoe in full gear to a remote outpost and build a snow shelter and sleep in it. (See separate Venture Flyer)

Depart: Saturday 7:00 am from First United Methodist Church.

Return: Approximately 3:00 pm Sunday at the Troop Garage – parents will be called.  
Contact: Mrs. Shelly Nolan or Mrs. Lori Quinn.

Camp: Forestburg Scout Reservation, NY  
Phone: (845) 856-3008

Equipment: See attached list and special things to bring.

Signup: Signup and Permission slips are due Monday, January 22<sup>nd</sup>.

Cost: \$12 due with permission slip at signup  
Food Cost: \$12 due in cash to patrol on January 22<sup>nd</sup>.

Special Meal Instructions: Bring money for Sunday lunch; we will stop on the way home.

Wear: See attached list.

Bring: Day pack (see packing list for details), Sunday meal money.

Special Instructions: The weather can be unforgiving. Pay close attention to the equipment list. You must have Waterproof outerwear and your insulated/underclothing cannot be cotton. "COTTON KILLS"

***Be Prepared!!***

# Winter Cabin Trip Equipment List

## To be worn on departure:

Sock liners \_\_\_\_\_ Wool blend outer socks \_\_\_\_\_  
Snow Boots or high, waterproof hiking boots \_\_\_\_\_  
Waterproof insulated gloves \_\_\_\_\_ Winter Sock Hat \_\_\_\_\_ Scarf or ski mask \_\_\_\_\_  
Synthetic Insulated long underwear (top & bottom) non-cotton \_\_\_\_\_  
Sweater or Sweatshirt \_\_\_\_\_ Seasonal Clothing \_\_\_\_\_  
Ski Jacket or warm layered Jacket with rain jacket \_\_\_\_\_  
Ski Pants or nylon rain pants over sweatpants \_\_\_\_\_  
Watch \_\_\_\_\_

## To be packed in your Daypack:

Daypack \_\_\_\_\_ Filled Water Bottle \_\_\_\_\_ Pocket Knife \_\_\_\_\_  
Personal First Aid Kit \_\_\_\_\_ Flashlight \_\_\_\_\_ Compass \_\_\_\_\_  
Sunday Lunch Money \_\_\_\_\_ Book (optional) \_\_\_\_\_  
Car Games (optional) \_\_\_\_\_ Cards (optional) \_\_\_\_\_ Camera (optional) \_\_\_\_\_  
\_\_\_\_\_

## To be packed in your Back Pack:

Back Pack \_\_\_\_\_ Sleeping Bag \_\_\_\_\_ Bag Liner or Blanket \_\_\_\_\_  
Sleeping Pad \_\_\_\_\_ Ground Cloth \_\_\_\_\_ Pillow or Case \_\_\_\_\_  
Sneakers for cabin use \_\_\_\_\_ 3 pairs extra socks \_\_\_\_\_ Sock Liners \_\_\_\_\_  
Sleepwear \_\_\_\_\_ Underwear \_\_\_\_\_ 2 long sleeved shirts \_\_\_\_\_  
Sweat Pants \_\_\_\_\_ Extra Sweatshirt \_\_\_\_\_ 1 Tee Shirt \_\_\_\_\_  
Extra Pants \_\_\_\_\_ Extra pair of gloves \_\_\_\_\_ Extra Batteries \_\_\_\_\_  
Large Cup \_\_\_\_\_ Vittle Kit \_\_\_\_\_ Hanger \_\_\_\_\_  
Clean-up Kit \_\_\_\_\_

## Special Things to Bring (Optional):

Plastic Sled or Toboggan \_\_\_\_\_ Ice Skates \_\_\_\_\_

# Catskill Winter Cabin Trip

## Signup and Payment Due January 22<sup>nd</sup>

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 Cabin 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