



Troop 84

D-R Canal 25-Mile Bike Trip



- When: **Saturday, April 14th, 2007**
Rain Date Sunday, April 15th
- Time: **7:45 am to 12:30 pm**
- Invited: Venture Scouts planning on going to the Bike NY ride and scouts that signed up for the Cycling Merit Badge last spring.
- Where: Delaware - Raritan Canal, from Manville to Princeton, NJ.
- Depart: 7:45 am from Mr. Munley's House.
- Return: 12:30 pm at Mr. Munley's House, you will be called.
- Highlights: A 25-mile bike trip along the scenic Delaware – Raritan Canal from Manville to Princeton and then back.
- This trip will serve to meet one of the Cycling Merit Badge requirements.
- This trip will also serve as a warm-up for the Bike NYC trip in May. All those signing up for the Bike NYC trip should participate.
- Cost: \$3 at signup.
- Signup: Signup & Permission slip due Monday, April 9th.
- Bike: A geared bike, no Road/Racing bikes.
- Wear: Seasonal Clothing, dress in layers, do NOT wear a cotton t-shirt as your base layer, use polyester. Bike gloves highly recommended, Bike Helmet a MUST!
- Bring: Day Pack, watch, compass, personal first aid kit, two filled water bottles (at least 40oz of water) or a Camelback, spare tire and lunch.
- Preparation: You MUST inspect your own Bike before the ride. Make sure tires are pumped up to almost maximum rating, check breaks for pad alignment and stopping power, lube chain, tighten all adjustments.
- Adults: We need adult riders and drivers.

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Signup and Payment Due April 2nd.

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

If Driving, Number of Bikes you can transport

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 D-R Canal 25-Mile Bike Trip

WHICH WILL BE HELD AT Delaware-Raritan Canal, 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