



Troop 84 Delaware River Tubing Day Trip



- When: Sunday, July 29th, 2007
- Highlights: Take an easy, meandering float down the scenic Delaware River. There will be a few rapids and plenty of opportunities for swimming. Troop has done this trip twice before and it has always been fun.
- Depart: 8:15 am Sunday from First United Methodist Church
- Return: Approximately 5:00 pm at the Church, you will be called.
Contact: Mrs. Shelley Nolan or Mrs. Lori Quinn.
- Location: Delaware River, PA - see float plan.
- Signup: Signup, permission slips and WAIVERS due at the Troop Picnic June 18th.
- Cost: \$17
- Parents: Parents are very much welcome, siblings can come if accompanied by parent.
- Lunch: Bring \$10.00 for the "Hot Dog Man" on the river for lunch and snack money on the way home if your driver stops.
- Wear: Old Sneakers or aqua socks, bathing suit, non-cotton t-shirt, Sunblock and baseball hat.
- Bring: In a small dry bag or plastic bag: Sunblock, water, lunch money, snacks, backpack towel.

In a plastic bag (to be left in the car) : Change of clothes, another pair of sneakers, towel and snack money.
- NOTE: Mark your calendars so you don't forget. Please let Mr. Nolan know if something comes up and you can't make it.

Troop 84
Delaware Tubing
Float Plan

Date: Sunday, July 29, 2007

Location: Delaware River, Pennsylvania

Start: Newlife Island End: Point Pleasant

Miles: 6 Duration: 4 Hours

River Depth: 4-5 Feet

Livery: Bucks County River Country, Point Pleasant, Pa.

Phone: 215/297 - 8823

Class: 1 - 1+ Rapids

Safety:

- * All participants will be first class swimmers
- * All participants will have an extensive safety briefing
- * All participants will wear Personal Floatation Devices
- * Buddy System. Buddy Group and Buddy leader will be strictly enforced.
- * Trip will be aborted or shortened in bad weather
- * River follows road for easy rescue

Leadership:

- * Trip Leader: Chris Munley - Scout Lifeguard, Safe Swim/Safety Afloat/First Aid and CPR Certified. Knows River well from canoeing and other tubing trips. 35 years river guide exp.
- * Scoutmaster: Bill Nolan - Safe Swim/Safety Afloat/CPR - Certified, many years of boating experience
- * Assistants: We will also have many adult leaders with certification in these areas as well.

Delaware River Tubing Day Trip

Signup and Payment Due June 18th

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

Additional Siblings going (\$17 each) Names/Ages _____

Trip Date : July 29 Trip Cost : \$17 Scout / \$17 Parent or Sibling Total Paid : _____ by (Circle One) Cash Check Scout-Account

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 Delaware River Tubing Day Trip

WHICH WILL BE HELD AT Delaware River, 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