



# Troop 84

## Delaware Water Gap Campout



When: Friday, March 30<sup>th</sup> to Sunday, April 1<sup>st</sup>, 2007

Highlights: Camp 2 nights at the beautiful Delaware Water Gap National Recreation Area.

Saturday pick from the 3 options:

- 1) *Hike to Indian Rocks and Caves:* Hike 2 miles round trip to these cliffs and crags. A great place to boulder. Will play Hunter/Beast on way back.
- 2) *Canoe & Hike:* Visit the Appalachian Mountain Club Mohican Outdoor Center to canoe with instruction at Catfish Pond and hike the Creek trail with a great view. Will play Hunter/Beast on way back. Only for scouts with First Class Swim Test.
- 3) *Option only for Venture Scouts – Blacksmithing:* Take a 4-hour Blacksmithing class at Peters Valley Craft School. Learn basics of how to forge, taper and hammer mild steel. Bring home what you make.

Saturday Night is the annual Hamburger Competition. After dinner you will have an option of visiting a Deserted Old Town!

Sunday: Due to Palm Sunday, we will be home early.

Depart: 5 pm Friday night from First United Methodist Church

Return: Approximately 10:45 am at the Troop Garage, you will be called.

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

Camp: River Bend Group Camp - Delaware Water Gap National Recreation Area, NJ

Phone: 570-588-2451

Signup: Signup and Permission slips are due Monday, March 19<sup>th</sup>.

Cost: Option 1 Indian Rock Hike \$11

Option 2 Canoe/Hike \$12

Option 3 Blacksmithing \$50

Food Cost: \$14 due in cash to patrol at signup.

Special Meal Friday Dinner: Eat before you leave or bring dinner to eat on the drive.

Instructions:

# Delaware Water Gap Campout Equipment List

## To be worn on departure:

Troop Hat \_\_\_\_\_ Hiking Boots \_\_\_\_\_ Hiking Socks \_\_\_\_\_

Seasonal Clothing \_\_\_\_\_ Warm Jacket \_\_\_\_\_ Watch \_\_\_\_\_

## To be packed in your Daypack:

Daypack \_\_\_\_\_ Rain Jacket \_\_\_\_\_ Rain Pants \_\_\_\_\_

Personal First Aid Kit \_\_\_\_\_ Pocket Knife \_\_\_\_\_ Compass \_\_\_\_\_

Winter Hat \_\_\_\_\_ Winter Gloves \_\_\_\_\_ Sweat Shirt \_\_\_\_\_

Flashlight \_\_\_\_\_ Filled Water Bottle \_\_\_\_\_

Fri Dinner \_\_\_\_\_

Optional : Car Games/Book \_\_\_\_\_

## To be packed in your Backpack or Duffle Bag:

Backpack/Duffle Bag \_\_\_\_\_ Sleeping Bag (in stuff sack) \_\_\_\_\_

Ground Cloth \_\_\_\_\_ Sleeping Pad \_\_\_\_\_ Pillow or Case \_\_\_\_\_

Extra shoes \_\_\_\_\_ 2 Pairs Hiking Socks \_\_\_\_\_ Sock Liners \_\_\_\_\_

Sleepwear \_\_\_\_\_ Underwear \_\_\_\_\_

Sweat Pants \_\_\_\_\_ Sweat Shirt \_\_\_\_\_

1 Pair Pants \_\_\_\_\_ 1 Long Sleeve Shirt \_\_\_\_\_ T Shirt \_\_\_\_\_

Vittle Kit(Fork/Spoon) \_\_\_\_\_ Large Cup \_\_\_\_\_ Personal Clean-up Kit \_\_\_\_\_

Extra Batteries \_\_\_\_\_ Boy Scout Handbook (New Scouts Only) \_\_\_\_\_

Optional : Camera \_\_\_\_\_ Optional : Cards \_\_\_\_\_

**All Items Must Be Labeled**

## Canoe Float Plan

Activity: Canoe Instruction

Date: Sat March 31<sup>st</sup> 2007

Time: 9:30am – 1:30pm 2 groups

Phone: 908-362-5670

Location: Mohican Outdoor Center, Del Water Gap National Recreation Area

Water: Catfish Pond

Safety:

- ?? All participants will wear PFDs
- ?? Warm Room/Change of Clothes are available
- ?? All participants are first class swimmers
- ?? Land instruction/safety with some previous experience

Adult Leadership:

Chris Munley:

BSA Lifeguard, Safe Swim/Safety Afloat/CPR, First Aid Certified, 20 years experience

Mark Anderson:

BSA Lifeguard, Safe Swim/Safety Afloat/CPR, First Aid Certified, 20 years experience

Other Adults will be assisting that have experience.

Parents :: Please save this.

# Delaware Water Gap Campout

## Signup and Payment Due March 19<sup>th</sup>

Name	Participating		Activity (circle one)		
Scout _____	Yes	No	Rock Hike-(\$11)	Canoeing-(\$12)	Blacksmithing-(\$50)
Adult _____	Yes	No	Rock Hike-(\$11)	Canoeing-(\$12)	Blacksmithing-(\$50)

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 Delaware Water Gap Campout

WHICH WILL BE HELD AT Delaware Water Gap, 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