

# Troop 84

## VENTURE KILLINGTON SKI TRIP

REQUIREMENTS: Venture status and Snow Sports merit badge

WHEN: Friday February 9<sup>th</sup>-11<sup>th</sup> 2007

WHERE: Killington, Vermont, in the green mountains

DEPART: 4:00 PM on Friday from the church. We LEAVE at 4:00 arrive at 3:45

RETURN: Approx 5-6 pm pick up at Mr. Munley's

CONTACTS: Mrs. Aubry, and Mrs. Quinn

LODGING: Private lodge owned by a friend of Mr. Breeding

RENTALS: Rent your own equipment and bring it with you

	Young Adult (13-18)	Adult(19-64)
<u>COST:</u> Lift ticket for one day	\$56	\$72
Lift ticket for two days	\$106	\$134

DUE: Payment due Monday, January 29 w/ permission slip.

FOOD COST: \$12 Cash due with payment and permission slip to Miles Eckardt

SPENDING MONEY: Needed for Saturday and Sunday lunch.

GEAR: **FOR LODGE:** Sleeping bag, pillow, change of clean clothes, Snacks, flashlight, clean-up kit, CDs, movies, video games, playing cards

**FOR THE SLOPES:** Insulated Underwear, sock liners, heavy outer socks, water proof gloves, sock hat, ski mask, goggles, ski pants, sweatshirt, winter coat, and your ski/snowboard gear.

REMEMBER IT COULD BE AS COLD AS -30 F!!

# Killington Venture Ski Trip

## Signup and Payment Due January 29<sup>th</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 Killington Venture Ski Trip

WHICH WILL BE HELD AT Killington, VT

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