



Troop 84

Mountain Biking Day Trip



- When: **Sunday, Nov 4th, 2007**
- Time: **8:00 am to 1:30 pm**
- Where: Troop : Six Mile Run State Park, Franklin Township, NJ
Ventures : Lewis Morris County Park, Morristown, NJ
- Depart: 8:00 am from parking lot across from First United Methodist Church.
- Return: 1:30 am same parking lot – you will be called.
- Highlights:
- Troop Beginner Ride: *For all Scouts*
The troop will be riding the trails at Six Mile Run State Park. This trip is designed for the beginner rider! You will be able to learn Mountain Biking essentials on this great trail ride on many easy trails through fields and woods. There will be a clinic on Mountain Biking techniques and lots of opportunities to have fun on the off-road trails.
- Troop Intermediate Ride: *For Venture scouts new to Mountain Biking.*
You will be riding on most of the same great trails as the rest of the troop and will have the ability to cover more terrain and challenge yourself on some inner-woods trails but without any major uphill climbs.
- Venture Advanced Ride: *For experienced and older Venture scouts.*
Venture scouts will be riding in Lewis Morris Park adjoining Jockey Hollow National Park. There are miles of excellent cross-country single track. This is a physically challenging ride with many hills to climb.
- Cost: \$5 at signup.
- Signup: Signup & Permission slips due Monday, October 29th.
- BIKE: MOUNTAIN BIKE REQUIRED: Single Speed, BMX, Hybrid and Road Bikes will not be allowed.
- 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
- In a separate bag to remain with the cars: Change of clothes & extra sneakers
- Preparation: You MUST have your parents inspect your Bike before the ride. Make sure tires are filled, check breaks, lube chain and tighten all adjustments.
- Parents: We need drivers and/or riders. Please volunteer!

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Signup and Payment Due October 29th

Scout _____ Will Participate Will Not Participate

Parent is Participating in the Activity No Bike Riding Driving Only

If Driving, Number of Seat Belts (including driver) in Vehicle is

If Driving, Number of Bikes you can transport

Trip Date : November 4 Trip Cost : \$5 Scout / \$0 Parent 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 Mountain Biking Day Trip

WHICH WILL BE HELD AT 6 Mile Run Franklin Township, NJ or Lewis Morris, Morristown, 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