



## Troop 84



# National Trails Day

When: **Saturday, June 2<sup>nd</sup>, 2007**

Time: **8:45 to 12:00 noon**

Who: Venture Scouts and Adults

Where: Washington Valley Park, Bridgewater, NJ on the Middlebrook Trail

Activity: This local event is part of a nation-wide trail maintenance effort and is sponsored by the American Hiking Society and Somerset County Parks. On June 2<sup>nd</sup>, in all 50 states across the country, organizations will participate in a grand community service project. Troop 84 will help by maintaining local trails. We will be repairing old trails and building new trails by installing steps, waterbars and cutting/clearing trees and debris. This of course will count for community service!

Why: As Scouts we are constantly using wilderness trails for backpacking, hiking and Mountain Biking. Especially our Troop! So we need to show our appreciation by helping in the building and upkeep of our area's trails!

Signup: Hand in Permission Slip on Monday, May 21<sup>st</sup>

Cost: Nothing!

Transportation Parents to provide.

Adults: We could use your help.

Wear: Seasonal work clothes, long pants, boots, Troop hat.

Bring: 2 liters of water, snacks, work gloves.

Tools You also must bring: Spade shovel & iron rake & pruners

Directions: From Rt. 22, get on Chimney Rock Road/Thompson Rd  
- Drive 1.5 miles until the road ends  
- Turn left onto Wash. V. Rd.  
- Make 2nd left onto Newmans Lane  
- Travel on Newmans, until you cross over a small bridge  
- Park there at small paved parking lot on left side

# National Trails Day

## Signup Due May 21<sup>st</sup>

Scout \_\_\_\_\_

Will Participate

Will Not Participate

Parent \_\_\_\_\_

Will Participate

Will Not Participate

Trip Date : June 2 Trip Cost : \$0 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 National Trails Day

WHICH WILL BE HELD AT Washington Valley Park, Bridgewater, 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