



Troop 84



Orienteering

When: **Sunday, June 3rd, 2007**

Highlights: Troop 84 will participate in a local Orienteering competition sponsored by the Hudson Valley Orienteering Club. This is an exciting event that combines 3 Scouting Skills (hiking, map reading and compass use) and turns it into a competition. Foxes, Wolverines and Ravens will participate as patrols and compete in an Intermediate course of about 3 miles. Older scouts patrols will be broken up into sub patrols of 2-3 Scouts and will compete in an advanced course of 4 to 6 miles.

Scouts will be given a detailed map showing contour, vegetation and terrain features. There will be 6-10 control points marked on the map. Using your scouting skills, you will navigate the course and punch in at each control point while trying to maintain the best possible time.

Depart: 11:00 am from the parking lot across from the First United Methodist Church

Return: Approximately 4:30 pm at the parking lot across from the First United Methodist Church, you will be called.

Location: Tourne Park, Boonton, NJ.

Signup: Sign-up, HVO liability waiver and permission slips are due Monday, May 21st.

Trip Cost: \$7 due with permission slip at signup.

Wear: Hiking boots, hiking socks, sock liners, Class B troop shirt and troop hat, seasonal clothing and a watch.

Lunch: Eat Lunch before or pack one to eat on the way.

Bring: Daypack, rain gear, 2 filled water bottles, trail snack, lunch, pocketknife, first aid kit, suntan lotion and compass. **DON'T FORGET THE COMPASS!!**

Adults Welcome to join us and go with the patrols or if you want you can compete as individuals.

MEET INSTRUCTIONS FOR GROUP LEADERS
(JROTC, Girl Scouts, Boy Scouts, etc...)

If your group is planning on attending an HVO meet, please:

- 1) Notify the Meet Director** as soon as possible (contact info in schedule) and let them know the group size. This allows them to make sure there are enough staff and maps.

- 2) Bring Signed Waivers.** Have each member of your group, who is under the age of 18, have the waiver below signed by a parent or adult guardian. Collect them to present at registration. If it is known that several events will be attended, one waiver can be signed for all events; simply list the event dates and locations after the signature.

- 3) Before** registering at the meet, please divide your group into small teams (we recommend a maximum of 3 people per team) and send only one representative to get registration cards for all of the teams. After filling out the cards, return to registration with signed waivers, fees, and the number of extra maps wanted (we recommend 1 map per person).

WAIVER OF LIABILITY
FOR GROUP PARTICIPANTS UNDER THE AGE OF 18

As a condition for participating in this orienteering event on this date, I hereby release Hudson Valley Orienteering, Inc (HVO) and each of its officers and members and others who have planned or participated in this event from liability for any personal injury or property damage that may occur to me or any member of my group as a result of our participation in this event, whether caused by negligence or otherwise, and I hereby indemnify HVO, its officers and members and any other organization or authorities sponsoring the event from any liability for injury or other damage or expense caused by myself or any other member of my group. I further attest that I am physically fit and able and qualified to participate in this event at the level for which I have registered and that my physical condition has been verified by a licensed Medical Doctor.

Name of Participant (please print): _____

Name of Parent or Adult Guardian (please print): _____

Signature of Parent or Adult Guardian: _____

Date of Event: _____ June 3, 2007 _____ Location: _____ Tourne Park, Boonton, NJ _____

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Orienteering

Signup and Payment Due May 21st

Scout _____ Will Participate Will Not Participate
Parent _____ Will Participate Will Not Participate
Parent is available to provide transportation Yes No
If Driving, Number of Seat Belts (including driver) in Vehicle is

Trip Date : June 3 Trip Cost : \$7 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 Orienteering

WHICH WILL BE HELD AT Tourne Park, Boonton, 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