



Troop 84 Washington D.C. Trip



When: Saturday, November 17th to Sunday, November 18th, 2007

Highlights: Saturday :
We will rent bikes for a daylong tour of Washington D.C. After picking up our bikes just a block away from the White House, we will bike the National Memorials – Korean, Vietnam, Roosevelt and of course the Lincoln Memorial and the Jefferson Memorial plus other great sites around the National Mall. Then visit the Washington Monument and take an elevator ride to the top level for a panoramic view of our Nation's Capital. Visit the National Air & Space Museum and the National History Museum. See an Imax Movie

Sunday:
Early Morning : Respective Church services.
Then visit one of the newest and largest Air & Space Museums in the World next to Dulles Airport, with various fun options (another Imax Movie or a flight simulator ride).

Depart: 6:45 am Saturday Morning from the First United Methodist Church

Return: Approximately 7:00 pm at the First United Methodist Church, you will be called.
Contact: Mrs. Shelley Nolan or Mrs. Lori Quinn.

Camp: The Patuxent River 4-H Center Cabins (Herkile Cabin), Upper Marlboro, Maryland
Phone: 301-390-7259

Signup: Signup, Waiver and Permission slips are due Monday, November 5th.

Cost: \$56 due with permission slip at signup

Food Cost: None to troop (see below).

Special Meal Saturday Breakfast : Eat before you leave your house.
Instructions: Saturday Lunch : Bring lunch & snack and bottled water in day pack

Spending Recommended Spending Money:
Money: Sat Dinner at the Food Court at the National Post Office \$10.00
Sun Lunch at the Air & Space Museum (McDonalds) \$7.00
Option for Imax Movie or Flight Simulator on Sunday \$8.00
Recommended Total \$25.00

Plus extra for souvenirs.

Washington D.C. Trip Equipment List

To be worn on departure:

Troop Hat _____ Class B's _____ Sneakers _____

Warm Jacket _____ Watch _____

To be packed in your Daypack: **ABSOLUTELY NO POCKET KNIFES!**

Daypack _____ Rain Jacket _____ Rain Pants _____

Personal First Aid Kit _____ Flashlight _____ Compass _____

Saturday Lunch _____ Saturday Snack _____ 2 Filled Water Bottles _____

Spending Money (see front page for amount) _____ Bike Gloves _____

Optional : Car Games/Book, camera _____

No pocket Knives due to the security searches of daypacks when entering museums.

To be packed in your Duffle Bag : **Do not bring a Backpack, bring a duffle bag!**

Duffle Bag _____ Sleeping Bag _____

Pillow or Case _____ Sleeping Pad _____ Socks _____

Sleepwear _____ Underwear _____ Sweat Shirt _____

1 Pair Pants _____ T Shirt _____ 1 Long Sleeve Shirt _____

Personal Clean-up Kit _____ Extra Batteries _____ Bathing Towel _____

Important : Class A Uniform _____

Washington D.C Trip

Signup and Payment Due November 5th

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

Following Info is needed to size the rental bikes:

Scout height _____ Parent height _____ |

Trip Date : Nov 17 Trip Cost : \$54 Scout / \$54 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 Washington D.C Trip
WHICH WILL BE HELD AT Washington D.C

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

PLEASE READ AND SIGN WAIVER AND RELEASE FORM

I freely acknowledge and realize the danger of participating in a JASEN Rides, LLC, dba Bike the Sites tour or rental and fully assume all risks including but not limited to, collision with pedestrians, vehicles, other riders, and/or fixed moving objects, the negligence of other riders and dangers arising from falls and road surfaces, as well as the possibility of physical and/or mental trauma (or injury).

- ?? I realize that the Bike the Sites tour and or rental requires physical exertion and I represent that I am in sound medical condition capable of participating in the ride without risk to others or myself.
?? I have no physical or medical impediment, which would endanger others or myself. I understand that the law defines a bicycle as a moving vehicle and I agree to follow all traffic laws, signs, rules, and regulations.
?? I agree that I will, at all times during my participation in the Bike the Sites tour and or rental, adhere to all safety rules and regulations of Bike the Sites, which includes wearing a helmet at all times while riding my bicycle.

I as a parent or guardian, take responsibility for any of my child's actions for the duration of the trip.

As a bicyclist,

- ?? I am responsible for the way I ride and the condition of my own bike if used. If using a rented bike, I take responsibility for any damage that might occur while I am riding.
?? I, as a responsible adult, will not use my cellular phone while riding on the tour and or rental, due to the disruption it may cause to my concentration and the enjoyment of others on the tour.

I hereby release, indemnify and agree to hold harmless Bike the Sites, its officers, directors, representatives, employees, agents, and participants of and from any and all losses, costs, damages, claims, demands, rights and causes of action of whatever kind or nature, including reasonable attorney fees, and including any and all negligence claims or causes of action, which may arise and which result from illness, personal injuries, property damage, death or of any other damages or injuries, not included herein, occurring during or as a result of, my participation in the Bike the Sites tour and or rental.

I also consent to and permit emergency medical treatment in the event of injury or illness. I understand and accept that any medical cost incurred with respect to emergency medical treatment will be my responsibility.

I am of legal age and fully competent, have read this Waiver and Release and fully understand it and, if not of legal age, that my parent or legal guardian has fully read the above Waiver and Release and understands it and that I am fully bound by their signature.

Printed Name Date(s) Please check if you've been here previously

Signature Names of Participants Under 18

Printed Street Address Cell Phone Number Hotel

City, State and ZIP or Postal Code How did you find out about Bike the Sites?

May we send you a copy of our quarterly e-mail newsletter? Do you plan to store items at Bike the Sites? No Yes
I understand that Bike the Sites is not liable for damage or loss.

Yes No (We do not sell our list.)

E-mail:

Which Tour(s) Are You Taking? (Please circle) Capital Sites - Monuments - Sites at Nite - Other X

Group Tours - Please print the name of your Group BS Troop 84