



# Troop 84 Adventure Meeting



When: **Monday, June 23<sup>rd</sup>, 2008**

Time: **6:15 pm to 8:30 pm**

Activity: Our annual End of Year Patrol Competition where your patrol will have to navigate the mountain wilderness in order to survive and compete in events that will challenge your scout and outdoor skills. Hard work and teamwork will determine which patrol will leave the wilderness with the Gold Medal.

Where: Washington Valley Park, Bridgewater NJ at the Newmans Lane Parking Lot

Transportation: Provide your own transportation or call a friend. Problems? Then call your advisor.

Directions:: From 22 East – Take Chimney Rock Rock/Thompson Ave exit to overpass to Chimney Rock Rd. Drive 1.5 miles until road ends  
Turn left onto Washington Valley Rd /(525)  
Make 2<sup>nd</sup> Left onto Newman's Lane  
Cross over a small brook and make a quick left into parking lot.

Cost: \$5

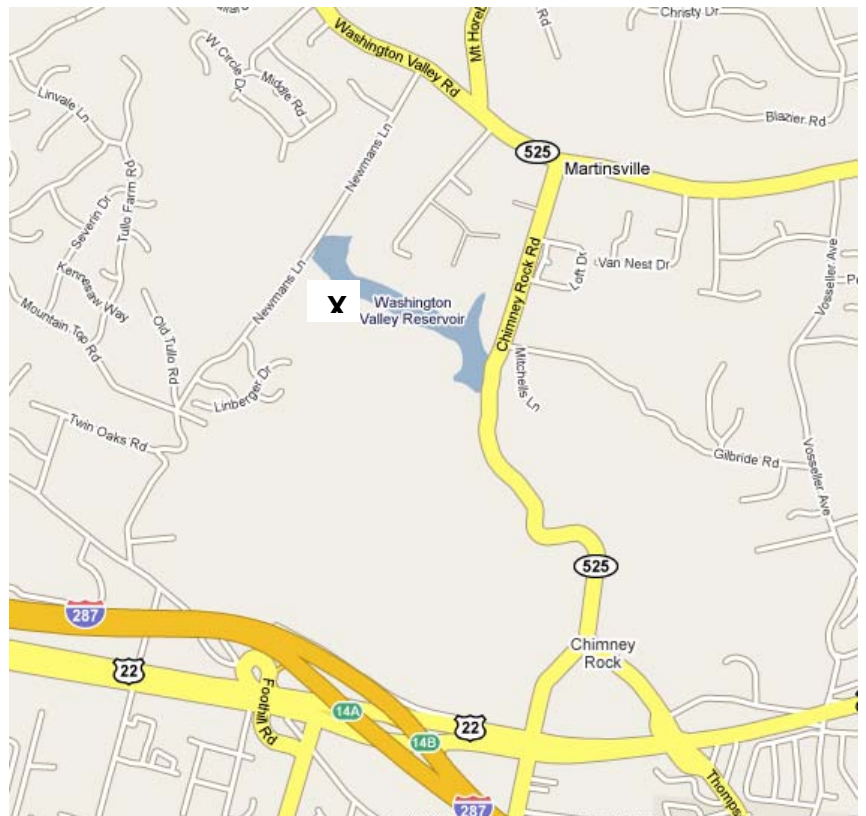
Signup: Signup & Permission slips due Monday, June 9<sup>th</sup> at the parent meeting.

Wear: Class Bs, Troop Hat & Hiking boots. Rain Gear if needed.

Bring: Day Pack, Compass, pocketknife, personal first aid kit, flashlight, filled water bottle.

## ADULTS & SCORPIONS

We need your help to set up on Sunday 6/23 and to man the checkpoints on Monday 6/23 by 5:30 pm. Please volunteer by using the signup form where indicated.



# Adventure Meeting

## Signup and Payment Due June 9<sup>th</sup>

Scout \_\_\_\_\_  Will Participate  Will Not Participate

Adult / Scorpion Name : \_\_\_\_\_

Can help with setup on Sunday \_\_\_ Yes \_\_\_ No Can help on Monday running a checkpoint \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_

Trip Date : June 23 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 Adventure Meeting

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