



Troop 84

Paulenskill Valley Bike Trip

When: Saturday, June 28th to Sunday, June 29th, 2008

Highlights: Bike the picturesque Paulenskill Valley Rail Trail for over 20 miles. Pass farm land, forests, the Hainesburg Aqueduct and numerous waterfalls. Travel for miles along the Paulenskill River with a few chances for swimming holes along the way for a cool down. For the Mountain Biker, there will be an optional 1 mile in and out cross country trail.

Camp at Duck Pond and swim at the beach on Sunday Morning.

Depart: 6:45 am Saturday morning from First United Methodist Church

Return: Approximately 2:30 pm at Mr. Munley's, you will be called.

Contact: Mrs. Shelley Nolan or Mrs. Lori Quinn

Camp: Swartzwood State Park, Newton NJ - Group Site A, B, C

Phone: 973-383-5230

Signup: Signup and permission slip due on Monday, June 9th.

Cost: \$10 due at signup.

Food Cost: \$12 due in cash to patrol on signup.

Meal Saturday Lunch :Bring Lunch to eat on Bike Ride.

Instructions: Sunday Lunch : Bring \$10 to eat on the way home.

Special There will be a Bike Shakedown Friday Night, June 27th from 6:00 – 8:00 at Mr.
Instructions: Munley's house. You must drop off your bike and gear the night before the trip.
See separate pages for full details.

Paulenskill Valley Bike Trip Equipment List

To be worn on departure:

Troop Hat _____ Sneakers _____ Bathing Suit _____

Seasonal Clothing _____ Watch _____

To be packed in your Daypack:

Daypack _____ Rain Jacket _____ Rain Paints _____

Personal First Aid Kit _____ Pocket Knife _____ Compass _____

Flashlight _____ 2 Filled Water Bottle _____ Bike Gloves _____

Saturday Lunch _____ Sunday Lunch Money _____ Sun Glasses _____

Aqua Shoes _____ Small Bathing Towel _____ Spare Bike Tube _____

To be packed in your Duffle Bag or Backpack: - Bring to Shakedown!!

Duffle Bag/Backpack _____ Sleeping Bag (in stuff sack) _____

Ground Cloth _____ Sleeping Pad _____ Pillow or Case _____

Extra shoes(sneakers) _____ Hiking Socks _____ Underwear _____

Sleepwear _____ Sweat Shirt _____ Sweet Pants _____

1 Pair Pants _____ 1 Long Sleeve Shirt _____ Sunblock

Shorts _____ T Shirt _____

Vittles Kit _____ Large Cup _____ Clean-up Kit _____

Extra Batteries _____ Small Bathing Towel _____ Optional : Camera _____

To dropped off at Bike Shakedown :

Bike _____ Bike Helmet _____ (Adults also)

Paulenskill Valley Bike Trip Shakedown Instructions

Friday, June 27th anytime between 6:00 & 8:00 pm

Why A Shakedown:

- So that we can take off on Saturday Morning without delay.
- So that we can check bike both mechanically and for safety.
- So that we don't waste time on our trip repairing bikes.
- So that we can pack camping gear and safely pack helmets.

Note: This is not a meeting. You can come over anytime during the prescribed shakedown time. This check only takes 10 minutes. Your parents should stay while your bike/helmet and camp gear is inspected and packed into the trailer.

Adults: If you are going on the trip you should bring your bike and helmet. Your bikes will be inspected also. If you plan on transporting your own bikes they still must be inspected during the shakedown.

Conflict: If anyone has another commitment during this shakedown, please let the Scoutmaster know so that we can set up another drop-off/inspection time. This must be done before the shakedown date, as the gear and bikes will be leaving before the rest of the troop!

DATE: Friday, June 27th

TIME: 6:00 – 8:00 pm (anytime during this hour)

WHERE: At Mr. Munley's house

WEAR: Street Clothes

VOLUNTEERS:

Parents and Scouts we need your help to inspect and pack bikes. Please sign up!

Please detach and hand in with your sign up

Bike Shakedown Volunteer Sign-up

Name (s): _____

I can help with bike repairs: _____

I can help with inspections / packing: _____

Comments : _____

Paulenskill Valley Bike Trip

Bike Inspection

NOTE TO PARENTS

Please check out all bikes that will be going on the trip ASAP and get them professionally repaired now!! Don't wait to the day before the trip to figure out what bike to use and if it is working!

Equipment Warning::

At the shakedown the Troop can make minor adjustments, like tighten loose parts, adjusting seat height and filling tires. But we cannot make major repairs! For break, gear adjustments and repairing flat tires take the bike to a professional!

Trail is rated for any size (diameter) tire, a Mountain Bike or a Hybrid will do best. Every year we are questioned what type of Mountain bike do I need? Any bike with gears and fat tires will do just fine. Single speed bikes are inefficient for the mileage and are not allowed. Bikes do NOT need to have front or rear suspension.

Special Bike Equipment:

- Helmets – All riders including parents must wear helmets. Write your name inside the helmet.
- Bike Gloves – For extended bike trips, bike gloves prevent hand fatigue, numbness and blisters and protect your hands when you fall.
- Sun Glasses – Are great for protecting your eyes from bugs, branches and dust.

Parents Safety Check List

___ Brakes: Front and back should stop tires with controls only ½ way depressed.

___ Gear Shift: In good working order.

___ Chain: Lubricated.

___ Handle Bars: Must be at proper height/tight and perpendicular to bike frame.

___ Seat: Proper height, tight and inline with bike frame.

___ Helmet : Please adjust to properly cover forehead and fit snug.

Parents Signature: _____

Comments: _____

Bring signed form to shakedown

Paulenskill Valley Bike Trip

Signup and Payment Due June 9^h

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 28 Trip Cost : \$10 Scout / \$10 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 Paulenskill Valley Bike Trip
WHICH WILL BE HELD AT Swartzwood SP, Newton 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