



## Troop 84

# Sleeping Giant Campout & Hike

- When: Friday, May 16<sup>th</sup> to Sunday, May 18<sup>th</sup>, 2008
- Highlights: Friday night backpack ½ mile to a hemlock-ravine campsite at Sleeping Giant State Park for 2 nights of great wilderness camping. Saturday, day-hike 5 miles over the “Sleeping Giant”. Start the hike through Hezekiah’s Knob, then over the Giant’s right knee. Visit a stone castle tower on the chest and climb the Giant’s chin. Sunday, hike out and visit the Maritime Aquarium at Norwalk, CT with highlights being the sharks, sea otters, an I-Max movie and a 4-D experience.
- Depart: 3:30 pm sharp, Friday night from First United Methodist Church
- Return: Sunday, approximately 5 pm at the troop garage, you will be called.  
Contact: Mrs. Shelley Nolan or Mrs. Lori Quinn.
- Camp: Sleeping Giant St. Park, Connecticut, Group Wilderness Site.  
Ranger: 203-789-7498
- Signup: Sign-up and permission slips are due Monday, May 5<sup>th</sup>.
- Trip Cost: \$25 due with permission slip at signup.
- Food Cost: \$16 due in cash to patrol leader at signup on May 5<sup>th</sup>.
- Equipment: Follow attached list carefully.
- Special Meal Instructions: Eat Friday dinner before you leave or bring bagged lunch on the way. Bring Sunday lunch money; we will eat at the Aquarium.
- Shakedown: You must attend shakedown on Thursday, May 15<sup>th</sup> from 7- 8 pm at Mr. Munley’s house. You must stay the entire hour.
- Leaders & Parents: If you are joining us on this trip and are driving, note the additional information requested for this trip on the sign-up sheet. We need the make/model and license plate of the car you will be using.

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## Backpack Notes/Tips

- >> Cotton kills!! Stay Away from as much cotton as possible.
- >> No Blue Jeans – They weigh a ton to carry and take forever to dry!
- >> Patrol Gear will be divided among all participants; so don't fill your pack with unnecessary items.
- >> Pack should only weigh 20% of your weight.
- >> Make sure everything is secured well.
- >> Crew will share backpack soap.
- >> Leave those 5-pound flashlights at home.
- >> Think Light.
- >> We will use trail tarps or 4 scouts to a tent to keep weight down.
- >> Waterproof your boots before trip and check your laces.
- >> Clip your toenails. Don't forget the moleskin.
- >> You will not have room for a winter jacket. Bring a light one and dress in layers.
- >> Troop will supply everything that is not on the trip equipment list.

QUESTIONS: Call Mr. Munley @ 908-722-9579

# Sleeping Giant Campout & Hike Equipment List

## To be worn on departure:

Troop Hat \_\_\_\_\_

Hiking Boots \_\_\_\_\_

Hiking Socks \_\_\_\_\_

Seasonal Clothing (no jeans) \_\_\_\_\_ Light Jacket/Sweat Shirt \_\_\_\_\_ Watch \_\_\_\_\_

## To be packed in a plastic bag and brought on Friday night:

(These clothes will stay in the car during the campout to be used on Sunday for the aquarium)

Change of Clothes \_\_\_\_\_ Sneakers \_\_\_\_\_ Car Games (optional) \_\_\_\_\_

## To be packed in your Daypack and brought on Friday night:

Daypack \_\_\_\_\_

Rain Jacket \_\_\_\_\_

Rain Pants \_\_\_\_\_

Personal First Aid Kit \_\_\_\_\_

Pocket Knife \_\_\_\_\_

Compass \_\_\_\_\_

Flashlight \_\_\_\_\_

Wallet – Lunch Money \_\_\_\_\_

Friday Dinner \_\_\_\_\_

## To be packed in your Backpack:

Backpack \_\_\_\_\_

Sleeping Bag (in stuff sack) \_\_\_\_\_

Ground Cloth \_\_\_\_\_

Sleeping Pad \_\_\_\_\_

Pillow Case \_\_\_\_\_

2 pairs Hiking Socks \_\_\_\_\_

Sock Liners \_\_\_\_\_

Underwear \_\_\_\_\_

Sweat Shirt/Sweater \_\_\_\_\_

Sweat Pants \_\_\_\_\_

Sweat Shirt \_\_\_\_\_

1 Pair Pants \_\_\_\_\_

1 Long Sleeve Shirt \_\_\_\_\_

Sock Hat \_\_\_\_\_

Shorts \_\_\_\_\_

T-Shirt \_\_\_\_\_

¼ roll toilet paper in sandwich bag \_\_\_\_\_

Vittle Kit \_\_\_\_\_

Large Cup \_\_\_\_\_

Lite Clean-up Kit \_\_\_\_\_

Extra Batteries \_\_\_\_\_

2 medium sized garbage bags \_\_\_\_\_

Backpack Cover or Large trash Bag \_\_\_\_\_

2 Filled Water Bottles each 1 liter \_\_\_\_\_

Optional : Camera \_\_\_\_\_

# Sleeping Giant Campout & Hike

## Permission Slip Due May 5<sup>th</sup>

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

Parent is Participating in the Activity  Yes  No

Parent is available to provide transportation  Yes  No

If Driving, Number of Seat Belts (including driver) in Vehicle is

**If you are driving, please provide the following vehicle information of the car to be used:**

**Make/Model** \_\_\_\_\_ **License** \_\_\_\_\_

Trip Date : May 16 Trip Cost : \$25 Scout/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 Sleeping Giant Campout & Hike

WHICH WILL BE HELD AT Sleeping Giant State Park, Connecticut

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