



Troop 84 Mountain Biking Day Trip



When: Sunday, Oct 5th, 2008

Time: 12:30 to 5:00 pm

Where: Mercer County Park, West Windsor, NJ

Depart: 12:30 pm from parking lot across from First United Methodist Church.

Return: 5:00 pm same parking lot.

Highlights: The Troop Mountain Bike Ride at Mercer County Park is great for all ages and riding abilities. There are no hills at the Mercer County Park, just flat off-road trail riding. But there are miles of exciting single track trails with great twisting and turning cross country runs. There are many great areas in the trail system; visit the labyrinth, the maze, the BMX pit, the "Swamp Trail" and the "Troll Bridge".

Beginner Riders :

This trip is designed for the beginner rider! You will be able to learn Mountain Biking essentials on this great trail ride on many easy trails through the woods and forest. There will be a clinic on Mountain Biking techniques and lots of opportunities to have fun on the off-road trails.

Intermediate and Advanced Riders:

Although flat, these trails are littered with log jumps, dirt ramps and banked turns. Challenge yourself with extra miles as you go deep into the woods, but still without any major climbs.

Parent Drivers :

The trails are perfect for you to get acquainted with off-road riding. But should you want, there is 3 miles of paved path also.

Cost: \$5 at signup.

Signup: Signup & Permission slips due Monday, September 29th.

BIKE: MOUNTAIN BIKE REQUIRED: Single Speed, BMX, Hybrid and Road Bikes will not be allowed. (Note: Bike does NOT have to have front or back suspension systems)

Wear: Seasonal Clothing, dress in layers, do NOT wear a cotton t-shirt as your base layer, use polyester. Bike gloves highly recommended, Bike Helmet a MUST!

Bring: Day Pack, watch, compass, personal first aid kit, two filled water bottles (at least 40oz of water), a snack and a spare tire. *A spare tire that fits your bike rim is a must!*

In a separate bag to remain with the cars: Change of clothes & extra sneakers.
Eat lunch before you arrive!

Preparation: You MUST have your parents inspect your bike before the ride. Make sure tires are filled, check breaks, lube chain and tighten all adjustments.

Parents: We need drivers and/or riders. Please volunteer!

Mountain Biking Day Trip

Signup and Payment Due September 29th

Scout _____ Will Participate Will Not Participate

Parent is Participating in the Activity No Bike Riding Driving Only

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

If Driving, Number of Bikes you can transport

Trip Date : October 5th 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 Mountain Biking Day Trip

WHICH WILL BE HELD AT Mercer County Park, West Windsor, 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