



Troop 84



Venture Mountain Biking Day Trip

When: Sunday, November 9th, 2008

Time: 12:30 to 5:00 pm

Where: Hartshorne Woods Park, Middletown, NJ

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

Return: 5:00 pm same parking lot.

Highlights: The Hartshorne Woods Park towers over Sandy Hook and overlooks the Atlantic Ocean. It is the highest, mainland point directly on the Atlantic coast from Maine to Florida. From World War I through WW2 this area was a naval defense fortification. During the Cold War it was a Nike missile site. Remains of both operations will be encountered on the trails.

This is a physically challenging bike ride with a few steep grades to climb. There are over 10 miles of single-track trails carved through the hills of the old fortifications. We will tackle numerous climbs and descents through maze-like, twisty, sometimes steep, sometimes flat trails that are littered with stump jumps, step offs and washouts. At one point the trail will drop all the way to sea level and then climb back out to the top of a 70 year-old naval bunker. Trails are rated from challenging to difficult but with options to bypass the extreme stuff if you want. All in all, some great cross-country single-track.

Eligible: All Venture Scouts; must have some biking experience.

Cost: \$5 for scouts at signup. No Charge for adults

Signup: Signup & Permission slips due Monday, November 3rd.

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 50oz 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/riders. Please volunteer!

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Signup and Payment Due November 3rd

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 : November 9th 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 Venture Mountain Biking Day Trip

WHICH WILL BE HELD AT Hartshorne Woods Park, Middletown, 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