

## **Troop 84**

### **Venture Winter Trek**

**Date:** Friday, Jan. 30 to Sunday, Feb 1<sup>st</sup>

**Depart:** 5:30 pm from lot across from Church

**Return:** 3:00 pm Approx. at lot across from Church

**Contact:** Mrs. Quinn or Mrs. Nolan

**Ranger:** 845-255-1323 Emergency only

**Cost:** \$40 - Bring your own Snow Shoes deduct \$15

**Sign up:** Monday, Jan. 19<sup>th</sup> w/permission slip

**Food Cost:** \$14.00 cash to the Venture Crew Chief the same night

**Friday Dinner:** Eat before or bring on trip for the way up.

**Lunch money:** Bring for Sunday

**Bring:** Day pack, Change of Clothes, Car games, Sneakers

**Wear:** See attached list – **Absolutely NO COTTON:**

**Pack:** See Attached list

**Parents:** Please participate if, you can:

**Highlights:** Camp Friday night at Camp Turrell in Lean-tos next to the Kluge Lodge. Saturday travel north then snow shoe w/full packs and sled to a wilderness campsite deep in the heart of the Catskills, see below for options. Build snow shelters and survive the night. Sunday after the hike out, we can look for a sledding hill if we wish.

#### **Destination: Options**

This will depend on the weather – we will notify all parents the night before trip

1. **Vernooy Kill Falls** – Rochester – Ulster Country near Ellenville start on end of Trails Ends Road – Hike 1.2 ascent 200 ft. to falls or start on upper Cherry Town Rd. hike 1.8 ascent 610 ft. to falls
2. **Diamond Notch Falls** – Lexington– Greene County near Hunter Mountain start at end of Spruceton Rd. – Diamond Notch Trail to Falls 1 mile ascent 200 ft.
3. **Denning Campsite** – South of Slide Mountain on end of Denmark Road Hike 1.5 ascent 300 ft. to camp nest to East Branch of Neversink Rive

# Venture Winter Trek

## Survival Packing List

*The weather can be unforgiving. Pay close attention to the equipment list. Dress in layers for warmth. You must have Waterproof outerwear and your insulated/underclothing cannot be cotton.*  
**“COTTON KILLS”**

### **Be Prepared for temperatures in the single digits!!**

#### Dress in layers - use more if you want this is a minimum!

Upper Body ::

(1) synthetic short sleeve under shirt (2) insulated synthetic long sleeve under shirt (3) long sleeve shirt/turtleneck (4) sweatshirt/sweater/polar fleece (5) winter jacket.

Lower Body :: (1) underwear (not cotton), (2) long synthetic under clothes, (3) sweatpants/pants (4) insulated ski pants or waterproof rain pants.

#### To be worn on departure:

Sock liners (a must) \_\_\_ Wool blend outer socks \_\_\_ Snow boots or high waterproof hiking boots \_\_\_

The clothing layers identified above \_\_\_ watch \_\_\_

#### To be brought and put on when we arrive in the Catskills:

Winter Sock Hat \_\_\_ Scarf or Ski Mask \_\_\_ waterproof insulated gloves \_\_\_ ski pants or nylon rain pants \_\_\_

#### To be packed in your Daypack (will be left in the car):

Sunday Lunch Money \_\_\_ Change of Clothes \_\_\_ Sneakers \_\_\_ Car Games (optional) \_\_\_ Friday Dinner \_

#### To be packed in your Back Pack:

Backpack, \_\_\_ Backpack Cover \_\_\_ Ground Cloth \_\_\_ Sleeping Pad \_\_\_ Extra Blanket \_\_\_

Sleep Bag Options :

Option 1 : Winter Sleeping bag(4-Season zero Degree) \_\_\_ and a fleece sleeping bag liner/blanket \_\_\_\_\_

Option 2: Two Sleeping bags(3 Season) \_\_\_ (one must be able to easily fit in the other)

Extra Sock Liners \_\_\_ Extra Wool Blend Outer Socks \_\_\_

Extra Insulated Long Underwear Top \_\_\_ Extra Insulated Long Underwear Bottom \_\_\_

Underwear \_\_\_ Pants/Sweat Pants \_\_\_ Long Sleeve Shirt \_\_\_

Sweater or Hooded Sweat Shirt \_\_\_ Extra pair of Gloves \_\_\_

First Aid Kit \_\_\_ Compass \_\_\_ Vittle kit \_\_\_ , Clean-up kit \_\_\_ Flashlight & Extra batteries \_\_\_

Large cup capable of holding hot liquids (important!!) \_\_\_ Knife \_\_\_

2 Large garbage bags \_\_\_ 2-gallon size Ziploc bags \_\_\_

Three filled water bottles 32 ounces each \_\_\_\_\_

Sunglasses (important when hiking in the snow!) \_\_\_\_\_ Chap stick or equivalent \_\_\_\_\_

Optional :: Snow Shoes and ski poles \_\_\_\_\_

**Double Check Everything! Make sure you have everything on this list!**

## **BE PREPARED FOR COLD WEATHER**

You will be carrying troop gear also, but the hike will be only 1.5 miles in and 1.5 miles out!

# Venture Winter Trek

## Signup and Payment Due January 19<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

**Body Weight Needed for sizing snow shoes** \_\_\_\_\_ **Scout** \_\_\_\_\_ **Parent**  
**Scout has own snow shoes** \_\_\_ Y \_\_\_ N **Parent has own snow shoes** \_\_\_ Y \_\_\_ N

Trip Date : Jan 30 Trip Cost : \$40 (less \$15 is own snow shoes) 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 Snow Trek

WHICH WILL BE HELD AT The Catskills, NY or Adirondacks, NY

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