

Troop 84

VENTURE KILLINGTON SKI TRIP

REQUIREMENTS: Venture status and Snow Sports merit badge

WHEN: Friday February 6-8th 2009

WHERE: Killington, Vermont, in the green mountains

DEPART: 4:00 PM on Friday from the lot across from the church. We LEAVE at 4:00 arrive at 3:45

RETURN: Approx 6-7 pm pick up at Mr. Munley's

CONTACTS: Mrs. Nolan, and Mrs. Quinn

LODGING: Private Lodge owned by a friend of Mr. Breeding

BRING: Friday Dinner

RENTALS: Rent your own equipment at (Pelican or Your Choice) and bring it with you

COST:

	Young Adult (13-18)	Adult (19-64)
Lift ticket for Saturday	\$65	\$82
Lift ticket for Sunday	\$61	\$77
<u>Plus \$20 per person transportation fee.</u>		

DUE: Payment due Monday, January 26th w/permission slip.

FOOD COST: \$14 Cash due with payment and permission slip due January 26th to Venture Crew Chief

SPENDING MONEY: Needed for Saturday and Sunday lunch.

GEAR: FOR LODGE: Sleeping bag, sleeping pad, pillow, change of clean clothes, Snacks, flashlight, clean-up kit, CDs, movies, video games, playing cards

Bathing suit and towel (For the hot tube at the house)

FOR THE SLOPES: Insulated Underwear, sock liners, heavy outer Socks, water proof gloves, sock hat, ski mask, goggles, ski pants, sweatshirt/fleece, Winter Coat and your ski/snowboard gear, COMPLETE FACE MASK (Very Important)

REMEMBER IT COULD BE AS COLD AS -30F!!

Note : If you passed your Snow Sports MB with Skiing, then you must Ski at Killington

If you passed your Snow Sports MB with Boarding, then you must Board at Killington

Killington Ski Trip

Signup and Payment Due January 26th

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

Trip Date : Feb 6 Trip Cost : Youth 1-Day=\$85, 2-day=\$146 Adult 1-day=\$102, 2-day=\$179

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 Killington Ski Trip

WHICH WILL BE HELD AT Killington, VT

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