



Troop 84
Klondike Trail
Raritan Valley District



When: Saturday, February 28th, 2009

Highlights: Patrols/Dens will pull their own Klondike sled (as huskies) to “Gold Rush Towns” where they will be tested on their Scout outdoor skills such as: compass, knots, cooking, first aid, pioneering, fire building and teamwork! The Klondike competition will be timed from end to end. Therefore it is not just how well you do in the towns but how good you can navigate and how fast you can get to the to each town!

Compete against 50 other patrols in this great outdoor winter adventure!

Depart: Approximately 7:00 am from the parking lot across the street from the First United Methodist Church, 48 West High St, Somerville. Starting times will be assigned by the district, but we will not find out until a few days before the event.

Return: Approximately 3:00 pm same location as depart, you will receive a phone call.

Where: Oak Springs Environmental Center, Somerset, NJ.

Signup: Troop Signup and Permission slips are due Monday, February 9^h.
For Webelos Feb 9th to Feb 13th at your den meeting.

Cost: \$14 due with permission form at signup, cash or check payable to Troop 84.

Food Cost: \$5 due in cash to patrol/den at signup.

Special Meal Instructions: Eat a hearty, high carbohydrate breakfast before the event.

Equipment: Very Important: Please follow the “what to wear” and “what to bring” lists and pay close attention to the weather report.

Klondike Trail Equipment List

This event can be either very cold with snow and ice, or unseasonably warm with plenty of mud. You should determine what you're going to wear according to the weather report the night before – but be prepared for both. You will be outside for the whole day. **DRESS IN LAYERS!**

Wear:

- _____ Scout Hat
- _____ Insulated underwear (non-cotton/absorbent type preferred)
- _____ Propylene or silk sock liners
- _____ Wool blend or performance outer sock
- _____ Ski Pants or pants with nylon waterproof pants over them
- _____ Long sleeved shirt – turtleneck preferred if cold
- _____ Hooded sweatshirt
- _____ Ski jacket/regular winter jacket
- _____ Waterproof nylon gloves
- _____ Insulated waterproof winter boots. If boots leak then wear plastic bag in between sock & boot.
- _____ Watch

Bring a Daypack with:

- _____ Compass
- _____ Extra socks
- _____ Small garbage bag.
- _____ Scout pocket knife
- _____ Large plastic cup
- _____ Vittles kit (knife, fork, spoon)
- _____ Sock hat
- _____ Filled water bottle

Also Bring :

- _____ Large Plastic Bag
- _____ Sneakers

You will leave the bag and sneakers in the vehicle so you can wear dry sneakers on the trip back.

Klondike Trail

Signup and Payment Due February 9th

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 28 Trip Cost : \$14 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 Klondike Trail

WHICH WILL BE HELD AT Oak Springs Environmental Center, Somerset 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