



Troop 84 Adventure Meeting



When: **Monday, June 22nd**

Time: **6:15 pm to 8:30 pm**

Where: Washington Valley Park, Bridgewater NJ.

Challenge : End of year Adventure Hike and Patrol Competition. Your patrol will have to navigate the mountain wilderness as you compete against each other in a Geocaching course. No maps this time, instead you will be armed with the latest technology. Each patrol will be given a handheld GPS unit. We start with some basic instructions on how to use the GPS. Then you are on your own as you find checkpoints with only using your GPS.

Ice cream and soda afterwards.

Transportation: Provide your own transportation or call a friend.

Directions:: We will meet up at the top of Eagle Rock.
22 East to jug handle for North Vosseller Ave
North Vosseller to Vosseller Ave
Left on to Miller Lane, stay on Miller until parking lot.

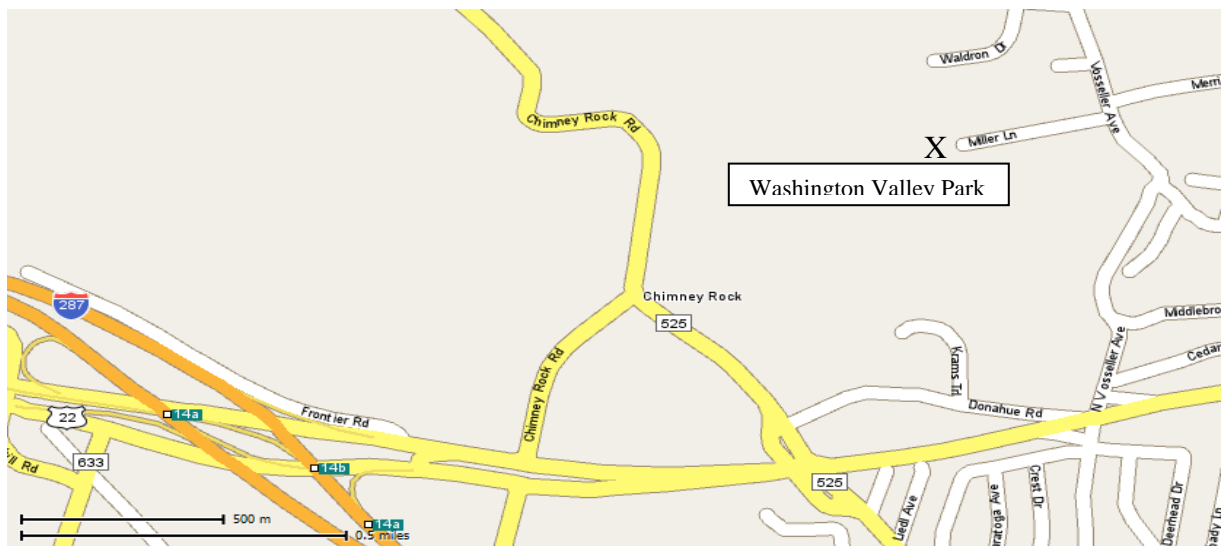
Cost: \$5

Signup: Signup & Permission forms due Tuesday, June 16th at Troop Picnic.

Adults/Dragons We will need your help, please signup

Wear: Class Bs, Troop Hat & Hiking boots with seasonal jacket or Rain Gear as needed.

Bring: Day Pack, Compass, pocketknife, personal first aid kit, flashlight, filled water bottle.



Adventure Meeting

Signup and Payment Due June 16th

Scout _____ Will Participate Will Not Participate

Trip Date : June 22 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 Adventure Meeting

WHICH WILL BE HELD AT Washington Valley Park, Bridgewater, 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