

# Troop 84

# Curling

**When:** Sunday, December 20<sup>th</sup>

**Highlights:** Try this sport which blends the athletic skills of balance, strength, flexibility and precision with the thought-provoking strategy of a chess game. First you will learn the game of curling and then play a game.

Curling is played on ice with heavy stones that you slide down the court in order to score while knocking your opponent's stones off the ice.

**Where:** Plainfield Curling Club, South Plainfield, NJ

**Times** 2 Different Times - 16 people for each time block  
Group A Departs From Church at 10:30 AM Returns to Church at 2:00 PM  
Group B Departs From Church at 12:30 PM Returns to Church at 4:00 PM

Note : Please mark on signup sheet your preference for a time slot and if you could do either time slot.

**Signup:** Monday, November 16<sup>th</sup>

**Cost:** \$22 due with permission form and waiver on November 16<sup>th</sup>

**Meals:** Group A – Bring daypack with lunch, drink, snack and water bottle.  
Group B – Eat lunch before arriving; bring snack, drink and water bottle.

**Wear:** Clean Sneakers NO BOOTS!

NOTE : A curling rink is like an Ice Rink. Indoor Temperatures are 35-45 degrees.

Dress in warm, flexible layers (turtleneck, fleece, sweatpants, hooded sweatshirt etc.)

Wear sock hat and gloves.

**PARENTS:** Definitely signup if interested! We have 32 slots to fill. May be able to have siblings play if there are spots, but parent would have to attend. Note this on the signup form.

# Curling

## Signup and Payment Due November 16<sup>th</sup>

Scout \_\_\_\_\_ Participating \_\_\_\_\_ Not Participating \_\_\_\_\_

Parent \_\_\_\_\_ Participating \_\_\_\_\_ Not Participating \_\_\_\_\_

Preferred Time Slot A(10:30 – 2:00) \_\_\_\_\_ Slot B(12:30 – 4:00) \_\_\_\_\_

I could make either time \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ Sibling is interested \_\_\_\_\_

Parent is available to provide transportation  Yes  No

If Driving, Number of Seat Belts (including driver) in Vehicle is   
Trip Cost \$22 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 Curling

WHICH WILL BE HELD AT Plainfield Curling Club, South Plainfield, 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

