



Troop 84 KILLINGTON SKI TRIP



When: **Friday, February 5th to Sunday, February 7th**

Invited: Venture scouts in active, good standing with Snow Sports Merit Badge.

Highlights: Ski or Board Killington in the Green Mountains of Vermont. Known as the largest winter resort on the East Coast, Killington offers some of the longest and most challenging runs. Your choice of one or two days skiing/boarding. Everyone will ski/board on Saturday, optional for Sunday. (Sunday is only a half day on the slopes)

Enjoy two nights in a private lodge located 1 mile from the Killington Mountain. Comfortable accommodations along with TVs, DVD players or bring your Xbox. After a long day on the slopes you can relax in an outdoor Hot Tub.

Depart: 4:00 pm from lot across from the church We leave at 4:00 pm, arrive by 3:45 pm

Return: Approximately 7:00 pm you will be called, pickup location based on driver!

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

Food Cost :\$14

Signup Payment and permission form due January 25th.
Food Cost to Venture Crew Chief at signup.
Late signups after January 25th are not guaranteed a spot! Call Venture Crew Advisor.

Spending Money: Need spending money for Saturday Lunch, Sunday Lunch at the resort and Sunday Dinner on the road. Resort food is expensive, plan on \$12+ meal

Gear Bring Friday Dinner in a bag
FOR LODGE: Sleeping bag, sleeping pad, pillow, sweats, change of clean clothes, clean-up kit, towel, bathing suit, sneakers. Optional : DVDs, video games, cards, etc.

FOR THE SLOPES: Sock liners & heavy outer socks. Insulated Underwear (non-cotton) top & bottom. Heavy/warm pants. Turtleneck and heavy sweatshirt/fleece top. Insulated ski pants and winter coat. Water proof gloves, sock hat, ski mask, goggles, and your ski/snowboard gear. A COMPLETE FACE MASK or balaclava and Goggles is a must at Killington to prevent frostbite.

REMEMBER IT COULD BE AS COLD AS -10°F!!

Rental Rent your own equipment at (Pelican or Your Choice) and bring it with you on Friday.

Helmets Everyone (Scouts and Adults) MUST WEAR A HELMET. Rent one with your skis.

Notes: You will be skiing/boarding in groups based on ability not by patrol or friends.
You must ski if you passed your Snow Sports Merit Badge with Skiing.
You must board if you passed your Snow Sports Merit Badge with Boarding.
Any changes see Venture Crew Advisor before signup

Killington Ski Trip

Signup and Payment Due January 25th

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

Scout Cell Phone # _____ Parent Cell Phone # _____

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