

# Troop 84

# Ice Climbing

## Venture Day Trip

When: **Sunday February 21<sup>st</sup>**

Invited: Venture scouts in active, good standing

Highlights: Ice Climbing is an exciting and challenging winter sport. We will be climbing in the Catskills, somewhere near Hunter Mountain, NY. Our day will begin with instruction on how to use Ice Climbing gear. Then we will be fitted with hard shell mountaineering boots with crampons (inch long spikes), dual ice axes, helmets and climbing harnesses. After our training on gear and ice climbing dynamics, we will head outside and spend the day climbing frozen waterfalls over 100 ft high. Our climb will be guided by Eastern Mountain Sports (EMS) Ice Climbing instructors.

Depart: 6:30 am from lot across from the church

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

Cost: Trip cost \$95 SEE NOTE BELOW. Includes gear, guide and transportation.

Signup Payment and permission form due February 8<sup>th</sup>.

Food Bring Lunch, Snacks and Drink (at least 3 large bottles) to last all day. We will be outside all day, nature will provide refrigeration.

Bring spending money for dinner as driver may stop on the way home.

Clothing You will be outside most of the day. Part of that time you will be exerting yourself while you climb the remainder of the time you will be hiking or standing around. You must dress in layers so you can adjust. Check weather report for Hunter, NY and adjust accordingly. **DO NOT WEAR COTTON**

Wear sneakers, you will be given mountaineering boots. On Top : long non-cotton insulated base layer, shirt/turtleneck, fleece/sweatshirt, waterproof winter jacket. On Bottom: long non-cotton insulated base layer, comfortable and flexible pants/fleece/sweats and waterproof pants or winter sports pants. Fleece Hat, insulated waterproof gloves and a spare pair of gloves, balaclava, sock liners and heavy, non-cotton hiking socks, sun glasses (if snow predicted then ski goggles), watch, first aid kit, and camera.

SPECIAL NOTE: **Sign-up is on a First Come First Served Basis.** Your spot is not guaranteed. Once you signup we will fill spots in groups of four. As we get each group of four, your spot will be guaranteed at which time your fee will be used to reserve the guide and then your fee becomes NON-REFUNDABLE. If for any reason you can not make the trip you must find another venture scout to replace you otherwise your cost is not returned to you.

# Ice Climbing

## Signup and Payment Due February 8<sup>th</sup>

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 Cost : scout/adult \$95

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 Ice Climbing

WHICH WILL BE HELD AT Catskills Mountains, NY

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