



Troop 84

# Klondike 2010

## Trail to Gold

### Raritan Valley District



When: Saturday, February 27<sup>th</sup>, 2010

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 each town!

*Compete against 35 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.

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

Where: Watchung Reservation, Mountainside, NJ

Signup: Troop Signup and Permission slips are due Monday, February 15th.

**Adult Leaders, Dragons, Cobras, Panthers, Hawks**  
WE NEED YOUR HELP AS JUDGES AND DRIVERS. PLEASE SEE  
SEPARATE FLYER TITLED “FIRE BUILDING TOWN VOUNTEERS”.

Cost: \$15 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!** You will not be allowed to participate if you are not dressed properly, particularly with regards to footwear.

## **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 15<sup>th</sup>

Scout \_\_\_\_\_  Will Participate  Will Not Participate

Parent is available to provide transportation to the event @ 7:00 am  Yes  No

Parent is available to provide transportation home from the event @ 2:00 pm  Yes  No

If Driving, Number of Seat Belts, (including driver) in vehicle is

Trip Date: Feb. 27 Trip Cost: \$15 Scout / \$0 parent TOTAL PAID: \_\_\_\_\_ by (circle one) Cash Check Scout-Account Plus \$5 cash due to patrol/den.

**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 Watchung Reservation, Mountainside 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