



Troop 84 Mountain Creek Water Park Day Trip



When: Sunday, July 25th, 2010

Highlights: Spend a hot summer's day at the most exhilarating water park in New Jersey. Lots of great slides, tubing rides and other attractions! Take a look for yourself at www.mountaincreekwaterpark.com.

Depart: 8:00 am from parking lot across from the church.

Return: Approximately 6 pm at the parking lot across from church. Parents will be called.

Contact: Mrs. Shelley Nolan or Mrs. Lori Quinn

Park: Mountain Creek Water Park, Vernon, NJ
Phone 973-864-8444

Signup: Signup with permission slip due Monday, June 21st.

Cost: \$39 due at signup with permission slip. This includes admission ticket, lunch ticket (see below), group locker rental and transportation.

Lunch Ticket: Included. At the park, you can choose either a cheese burger & fries, hot dog & fries, chicken fingers & fries, two pizza slices or a Caesar salad. Soda, iced tea or water.

Parents: We need you to help chaperone, especially for our Eagle Patrol. Due to the nature of this park, we will require 2 adults for every 4-5 Eagle Patrol scouts. Please help your son's leaders ensure a safe outing for the boys.

Special Meal Breakfast: Eat before leaving home.

Instructions: Lunch: Included.

Bring extra money for snacks / more food and certainly drink than is included with lunch ticket. Outside food can not be brought into the park. Dinner at home.

Wear/Bring: See attached list.

SPECIAL TRIP PREREQUISITE : All scouts must have passed the BSA swim test.

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What to wear and bring

To be worn on departure:

Bathing Suit * _____ Sneakers _____ T-Shirt _____

Troop Hat _____

*** Note: no bathing attire with buckles, belts, rivets, metal or cut-off jeans permitted. Also, for guest safety, no masks, goggles, snorkels or swim fins please.**

To be packed in your Daypack:

Daypack _____ Beach Towel _____ Sun Block _____

Water Shoes _____ Rash Guard _____ Spending Money _____
(the pavement gets very hot) (optional, must be tight fitting (in ziplock baggie)
to be allowed on rides)

Change of clothes _____ Water Bottle _____ Sweat Shirt or fleece _____
(for ride home) (individual, sealed)

plastic garbage bag _____

*** Leave valuable electronics at home. Interior of cars and lockers may get very hot.**

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Signup and Payment Due June 21st

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 : \$39 /pp for scouts and parents. 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 Mountain Creek Water Park Trip (July 25)

WHICH WILL BE HELD AT Mountain Creek Water Park, Vernon, 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