

Patrol Leader: _____ Scout Name: _____

TROOP 19 SCOUT PERMISSION SLIP **due 1/26/2010**

Activity: **Klondike Derby** All day, outdoor activity. Dress in layers.

Location: **Lone Pine Hunting Club - Hollis, NH** Activity Coordinator: **Adam Wolff**

Day/Date: **Sat 2/6/2010**

Cost: **\$ for lunch, determined by Patrol Leader (may also want \$ for snacks after event)**

Leave From Parking lot: **Pilgrim Church Sat. 2/6 645 AM** Return To: **Church 2/6 445PM**

Emergency Numbers: Hollis Police: 603-465-7637 NH State Police: (800) 852 3411

PARENT INFORMATION

Parent/Guardian: _____	I would like to attend <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes,	
Health & Safety Forms Required for all attending: <input checked="" type="checkbox"/> Forms A,C <input type="checkbox"/> Forms A,B,C Strenuous or over 72hrs	
I will attend <input type="checkbox"/> full-time or	
<input type="checkbox"/> part-time from _____ to _____	
My Cellphone # _____	<input type="checkbox"/> Sorry, I have no cellphone
See the Activity Coordinator regarding food, tenting, and help needed.	

SCOUT INFORMATION:

I have paid my Troop Dues? No Yes, so I may attend. Verified-Troop Treasurer

Scout's Name: _____ has my permission to attend and to receive any emergency medical treatment and/or anesthesia that may be required. I will verify that my son's medical form is current. Scout Leaders will carry a copy of my son's current medical form which contains medication taken, allergies, insurance, and emergency contact information.

Health & Safety Forms Required for all attending: <input checked="" type="checkbox"/> Forms A,C <input type="checkbox"/> Forms A,B,C Strenuous or over 72hrs
He requires the following medication (dosage/freq): _____ _____
Who will carry medication?(Circle one) (Scout) (Adult Leader) (Parent/Guardian attending) He is allergic to the following: _____ _____
Does the scout have any condition that precludes strenuous physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
My son will attend the full activity. He will leave and return to church with troop <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, special arrival/departure notes: _____ _____

I have read this form and the checklist. I understand what My Scout and I are responsible to make this activity a successful experience. My Scout will follow Scout Oath and Law.

Signature of Parent/Guardian _____ Date _____
Phone number(s) where you can be reached during the activity: _____

Emergency Contact (other than you): _____ Phone _____

No Permission Slips accepted after 1/26/2010

Driver Name: _____

Cellphone: _____

Number of Passengers: _____

Carry Gear?: Yes some No

Haul Trailer?: Yes No

TROOP 19 Activity Driver Information

Activity: **Klondike Derby** Day/Date: **Sat 2/6/2010**

Location: **Lone Pine Hunting Club, Hollis, NH**

Adult Coordinator: **Adam Wolff** Phone: **603-765-2177**

Leave From Parking lot: **Pilgrim Church Sat. 2/6 6:45am**

Return To Parking lot: **Church 2/6 4:45pm**

We cannot get there and back without drivers. Please volunteer!

We need the following information to demonstrate safe, insured transport in order to receive a Council Tour Permit. No Permit, No Trip.

Yes, I can help.

Driver Name: _____

I will drive Both ways One way, deliver only pickup only

All will wear seat belts. I can transport ____ seat-belted passengers. With Gear Without Gear

Vehicle type, year, Model _____

Vehicle Plate Number: _____ State: _____

Owner name: (if different) _____

Driver's license # _____ State Issued: _____

Liability Insurance: person _____ accident _____ property damage _____

I will contact Activity Coordinator regarding directions.

Activity Coordinator will complete the following table

Passenger List (delivering to activity)	Passenger List (returning from activity)
1	1
2	2
3	3
4	4
5	5
6	6

TROOP 19 SCOUT EQUIPMENT CHECKLIST

PLEASE RETAIN THIS SHEET FOR YOUR INFORMATION

Activity: *Klondike Derby* All day, outdoor activity. Dress in layers.

Location: Lone Pine Hunting Club, Hollis, NH Day/Date: 2/6/2010

Adult Coordinator: Adam Wolff Phone: 603-765-2177 (see Note)

Cost: \$ for lunch determined by Patrol Leader (may also want \$ for snacks after event)

Leave From Parking lot: Pilgrim Church Fri 2/6 at 6:45am Return To: Pilgrim Church 2/6 at 515pm

Patrol: _____

Patrol Leader (PL): _____ Phone _____

Advancement Skills: Klondike- competition based on all skills learned throughout the year.

Emergency Numbers: Hollis Police: 603-465-7637 NH State Police: (800) 852 3411

Permission Slip Due Date: 1/26/2010 TROOP MEETING

CLOTHING & EQUIPMENT LIST

Notes: Patrol will bring a single Scout Handbook, X = bring, O=optional

X Liner Socks	X Long Underwear	X First Aid Kit	X Sun Screen
X Wool Socks (2 pair)	X Upper-Body Layers	X Compass	O Chapstick
X Hiking Boots	X Lower-Layers	X Whistle	X Pad & Pencil
X Hat (warm)	O Wind Suit	Map - To be supplied	O Sunglasses (opt)
O Balaclava (Opt.)	X Rain Gear	Headlamp / Flashlight	Toilet Paper
X Gloves/Mittens	Shorts	X Water Bottle (2 qt)	X Trash bags
X Belt	Day Pack	X Eating Utensils	X 1/4"Nylon Rope(25')
X Cup	Backpack or Duffle	X Mess/Pot Kit	X Pocket knife
X Hat (warm)	Sleeping Bag	X Personal Survival kit	X Matches
Scout Handbook (patrol)	Sleeping Pad	X Hand Sanitizer	X Watch

MEAL PLANNING for Lunch Competition

Snacks:

Type of Cooking: Wood fire

Cooking by:	X Patrol	Crew	Troop
What meals & #	Breakfast	1 Hot Lunch	Dinner
Water for:	Patrol	X Self	Troop

Notes:

CELLPHONE COVERAGE IN OUTING AREA MAY BE SPOTTY or NON-EXISTENT!

BE PREPARED!

Daytime still air temperatures can range from 20 to 40 degrees and then there is the wind-chill. Dress in layers to manage body heat and moisture. Add layers to warm-up, remove layers to cool down. Scouts not properly dressed for conditions will not be allowed to participate. Remember to drink water during activity.

*****PLEASE KEEP THIS SHEET FOR FUTURE REFERENCE*****