

# Troop 64 - Boy Scouts of America

## First Baptist Church, Haddonfield, NJ

Parents: Troop 64 is planning Camping/hiking at Resica Falls. Please review this form carefully. **This permission slip, signed, and \$30, is required on Monday, 10/3.**

Start: November 7, 2008 – Meet at church at 10am (yes 10am)  
End: November 9, 2008 – Will return to Church Parking lot around 12:00pm

Activity: Hiking/Camping at Resica Falls

Location: Resica Falls Scout Reservation  
1202 Resica Falls Road  
East Stroudsburg, PA 18302

Phone (610) 688-6900

Directions: <http://www.resicafalls.com/Files/ResicaMap.html>

Website: <http://www.resicafalls.com/>

Leaders Mr. Chris Werner  
in Charge:

### Additional Information

- Wear Scout Uniform
- Dress for weather
- Sleeping bag
- Changes of clothes
- Wash cloth
- Toothbrush
- Hiking Boots
- Extra socks
- Rain Poncho
- Water bottle
- Compass
- Bring \$\$ for lunch on the way up
- There will be two cabins available and scouts can also camp in tents to help earn their Jack Frost Patch

### Cost: \$30.00 per scout

This amount and a signed permission form are due 10/3. This cost covers camp fee, Friday dinner, Saturday meals, and Sunday breakfast.

Boy Scout \_\_\_\_\_ has my permission to attend the Boy Scout Troop 64 trip:

**Camping/hiking**

Activity

**Resica Falls Scout Reservation**

Camp Name/Location

**November 7-9, 2008**

Date(s)

**I understand the leaders; the sponsoring institution, and the Boy Scouts of America will not be held responsible for acts of negligence committed by my son. In the event that I cannot be reached in a medical emergency, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery and injections of medications for my son.**

Health Insurance: \_\_\_\_\_ I.D.# \_\_\_\_\_ Tele: \_\_\_\_\_

Parent/Guardian Telephone for above dates: \_\_\_\_\_

Parent/Guardian will:  Stay with Troop  Drive both ways  Drive one way –  To /  Return

Driver: \_\_\_\_\_ D.L. # \_\_\_\_\_ State: \_\_\_\_\_

(All passengers must wear seat belts.)

Insurance coverage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Vehicle: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Liability limits: Individual/Accident/Property) (Make Model Year)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_