

Troop 64 - Boy Scouts of America

First Baptist Church, Haddonfield, NJ

Parents: Troop 64 is planning Camping/hiking at Harriman State Park. Please review this form carefully. **This permission slip, signed, and \$20, is required on Monday, 5/25.**

Start: May 29, 2009 – Meet at church at 4pm
End: May 31, 2009 – Will return to Church Parking lot around 3:00pm

Activity: Hiking/Camping at Harriman State Park

Location: Harriman State Park at Lake Tioratti

Directions Palisades Interstate Parkway to Exit 18. Follow signs for Seven Lakes Drive South toward Sloatsburg and Sebago Beach. Follow Seven Lakes Drive approximately 3.5 miles to Tiorati Beach.

Phone (845) 786-2701

Website: <http://nysparks.state.ny.us/parks/info.asp?parkID=143>

Leaders Mr. Chris Werner
in Charge: Mr. Robert Mulhern

Additional Information

- Wear Scout Uniform
- Dress for weather, pack for hiking
- Sleeping bag
- Changes of clothes
- Wash cloth
- Toothbrush
- Hiking Boots
- Extra socks (at least 4 pairs)
- Rain Poncho
- Water bottle
- Compass
- Bring \$\$ for dinner on the way up
- A backpack is required if the scout plans to hike on Saturday to a second camp site, sleep at that camp site and hike back the next morning.

Cost: \$20.00 per scout

This amount and a signed permission form are due 5/25. This cost covers camp fee, Saturday meals, and Sunday breakfast.

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

Camping/hiking

Activity

Harriman State Park

Camp Name/Location

May 29-31, 2009

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: _____