

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, 10/19.**

Start: October 23, 2009 – Meet at church at TBD
End: October 25, 2009 – 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
- Day pack for hike
- Older scouts should pack light (sine they will be hiking with all gear)

Cost: \$30.00 per scout

This amount and a signed permission form are due 10/19. 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 **Resica Falls Scout Reservation** **October 23-25, 2009**
Activity Camp Name/Location 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: _____