

Troop 84 Summer Trip - Water Hike



When: Sunday, July 9th, 2006

<u>Highlights:</u> Spend a glorious day Rock Hopping and Water Trekking through the

Delaware Water Gap. Special stops at:

>> Dunfield Creek – 2 water slides and a natural swimming hole!

>> Van Campens Glenn Brook – Jump into the "pit" under the waterfalls

and take the 20 ft water slide into a pool.

>> Crater Lake — Swim in this crystal clear mountain top wonder. Catch

fish with your bare hands and bask in the sun.

Stop for Ice Cream on the way home.

<u>Depart:</u> 8 am Sunday from First United Methodist Church

Return: Approximately 4:30 pm at Mr. Munley's house, you will be called.

Contact: Mrs. Cindy Aubry or Mrs. Lori Quinn.

Signup: Signup and permission slips are due June 20th at Picnic Court of Honor,.

Cost: \$5

Parents: Are very much welcome – no cost.

<u>Lunch:</u> Bring your own lunch and drink in your daypack.

Wear: Bathing Suit, old sneakers, t-shirt, troop hat.

<u>Bring:</u> Day Pack, spending money, watch, sun block, sun glasses, bathing towel,

lunch, drink, filled water bottle, garbage bag, water shoes/agua socks,

sweat shirt and personal first aid kit.

NOTE: Mark your calendars so you don't forget. Please let Mr. Munley know if

something comes up and you can't make it.

Summer Trip – Water Hike

Signup and Payment Due June 20th

Scout	Will Participate Will Not Participate
Parent is Participating in the Activity	Yes No
Parent is available to provide transportation	on Yes No
If Driving, Number of Seat Belts (including driver) in Vehicle is	
BOY SCOUTS OF AMERICA	
TROOP 84 SOMERVILLE, NJ WAIVER AND PERMISSION FORM	
MY SONHAS PERMISSION TO PARTICIPATE (LAST NAME)	
WITH THE TROOP ACTIVITY KNOWN AS Summer Trip – Water Hike	
WHICH WILL BE HELD AT Delaware Water Gap, 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 M	R. /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: For muscle aches: For hay fever, bee stings, poison ivy: For upset stomach:	Acetaminophen (Tylenol) Ibuprofen (Advil) Antihistamine Antacid (Tums)
Parent's Signature	 Date