

MANASSAS BATTLEFIELD DAY HIKE

Sunday, November 17th, 2013

Manassas Battlefield

RSVP by November 11th Troop Meeting



Depart: Meet Sunday at Mary Ellen Henderson Middle School at **9:00 am**. We will arrive at the Battlefield Visitor's center around 10:00 am (depending on traffic). Eat breakfast before arriving at MEHMS.

Return: Early afternoon Sunday, scouts delivered directly home.

Cost: \$7 per Scout for food, and transportation.

The Plan: The Webelos and Boy Scouts will hike the battlefield trails as outlined in the Historic Trails pamphlet – copies to be provided to participants. Bring sunscreen, hat, and clothes appropriate to the weather, including study shoes or hiking boots. A hiking compass, and the knowledge to use it, should also be brought by scouts. *Scouts must have container for 1 quart of drinking water to bring with them.* Boy scouts will plan and prepare a hot trail lunch for the participants. Upon completion of the hike the scouts will return home.

Safety: Cold weather safety precautions, buddy system, traffic/highway crossing safety.

Uniforms: Wear Class A– uniforms (no neckerchiefs).

Patrols: Cooking by patrols. **Patrol Leaders/Troop Guides are responsible** for complete duty roster, including cooking, cleaning, and water. Patrol meals will include 2 breakfasts, 1 lunch, and 1 supper.

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Permission and Liability & Medical Release Manassas Battlefield Day Hike, November 17, 2013

I give my permission as parent or legal guardian for the Boy Scout named below to participate in this activity. I understand that the troop takes reasonable and prudent precautions to minimize risks to participating scouts, but that it is not possible to completely eliminate all risk of mishap or injury. I therefore release Troop 895, its leaders, and sponsoring organization from any liability for any mishap or injury resulting from the named scout's participation in this activity, and give my permission for the adult leaders responsible for this activity to authorize emergency medical treatment for the scout in my absence should they deem it necessary to do so and to provide over-the-counter medications, sunscreen, and insect repellent.

Scout's Name: _____ Email Address: _____

Parent's Signature: _____ Date: _____

Parent Attending: _____ Willing to Drive (pls. circle): Yes/No

Make /Model Total Seats: _____

Auto Insurance Information: Provider: _____ Policy No. _____ Coverage: _____

Parent telephone number during activity: Home: _____ Cell: _____

Physician's name / telephone number: _____

Medical insurance policy name & number: _____

Allergies, special medical information, health issues: _____