

# Boy Scout Troop 719

## ***Cabin Camping February 8-10, 2019***

**Troop 719** will go to **Manidokan Camp for Cabin Camping**, located in Knoxville, MD (near Harper's Ferry).

The **Troop** will meet at *Freedom Church* at **6:00pm** sharp on **Friday, February 8th** in Class A uniform. Please remember to eat dinner before departing. The camp is about one hour away from the church. We will return to *Freedom Church* at approximately **12:00 pm** on **Sunday, February 10th**. We will not be stopping for lunch on the return trip. For Troop 719 Scouts & Parents, **the trip cost is \$30 per person**.

**Webelos & Parents please meet at Freedom Church at 7:30am on Saturday February 9th – the trip cost is \$25 per person.**

**All participants should pack for cold weather conditions. Be sure to include hiking shoes, heavy coat, gloves, hat, long underwear, an extra set of clothes (shirt, pants, socks, shoes), and sleeping bag. Do not bring any electronics or valuable items.**

Permission slip and fees must be returned to Ms. Michelle Kim by Tuesday, January 29th, 2019. If you have any questions about the form or payment email [troop719trips@gmail.com](mailto:troop719trips@gmail.com)

If you have any questions about the facility or the plan while we are there, please call Steve Zum Brunnen at 443-789-1434 or email at [stevezb46@gmail.com](mailto:stevezb46@gmail.com). Please put cabin camping in the subject line.

# Troop 719 Trip Sign-up and Consent Form

(Form must be filled out completely)

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My son \_\_\_\_\_ has my permission to participate in  
Cabin Camping @ Manidokan Camp with Troop 719 from Feb 8-10, 2019

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This trip will cost : \$ 30 /person      Cash/Check Amount Paid: \$ \_\_\_\_\_

\*\*I wish to use my son's Scout Subsidy Account for this trip YES/NO

Is YES, how much \$ \_\_\_\_\_

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I **WILL/WILL NOT** be attending.

I **WILL/WILL NOT** be able to drive.

\*\*If Yes to either, please complete adult information section on next page\*\*

**Please list all applicable contact information where you can be reached during the trip**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**All trip participants (including adults) must have an up-to-date Annual BSA Health and Medical Record and health insurance card on file with the troop.**

• Please list any allergies (food or otherwise) the leaders and meal planners should be aware of:

\_\_\_\_\_

• Please specify any conditions (medical or otherwise) the leaders should be aware of:

\_\_\_\_\_

My son **WILL/WILL NOT** require medication during this trip. If YES, please bring a completed medication form (found on troop website) along with the medication in a plastic bag. Medication should be given to the trip coordinator or designated medicine man.

## Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian and/or determination of the participant's ability to continue in the program activities.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

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

**Please fill out the following information if you are attending the scout event as an adult leader.**

Name: \_\_\_\_\_

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Vehicle Type (circle one)	<b>CAR</b>	<b>VAN</b>	<b>SUV</b>	<b>BUS</b>
Vehicle Make _____	Model _____	Year _____		
Number of people (including yourself) that you can transport in your vehicle _____				
**All riders must wear a seatbelt				

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- I confirm that my auto insurance meets Maryland minimum liability standards. **YES / NO**
- I confirm that I have a valid driver's license. **YES / NO**
- I confirm that I have completed Youth Protection Training within the last 2 years. **YES / NO**

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<b>Please check additional training completed:</b>	
Weather Hazards	<b>YES / NO</b>
CPR	<b>YES / NO</b>
First Aid	<b>YES / NO</b>
Safety Afloat	<b>YES / NO</b>
Safe Swim Defense	<b>YES / NO</b>
Other relevant training _____	