

Troop 719

Whitetail Ski/Snowboarding Day Trip

March 3, 2018

Troop 719 will be going on a ski & snowboarding day trip to Whitetail ski Resort (13805 Blairs Valley Rd, Mercersburg, PA 17236).

The troop will meet at Wesley Freedom Church at 6:00AM sharp on Saturday March 3, 2018. Please eat breakfast before departing. Whitetail is about 1.15 hours away from the church. We will be leaving around 4:00PM from Whitetail arriving back at the church around 6:00PM. Lunch can be bought at the lodge or you can bring a bagged lunch.

To make this event happen we need to have at least 15 people register for the trip. The 15 people include scouts, adults, siblings and friends (8 & over). Adults who wish to attend, but not ski can come for free and sit in the lodge (will not be part of the 15 registered).

Whitetail package offers a food discount coupon for 25% off, scout patches, 15% coupon for the mountain sports shop. There is also an option to do the on-snow portion of the snow sports merit badge testing. (not for beginners & must pre-register)

Cost:

Lift Only: Access to all slopes open that day. (Does not include equipment, helmet or lessons) **\$69**

EZ-Learn to Ski/Snowboard: Lift access to beginner slopes only, rental of skis/snowboard/helmet and class lesson **\$90**

All Mountain Package: Lift access to all slopes open that day, rental of skis/snowboard, helmet and class lesson **\$104**

All permission slips are due to Michelle Kim by **February 6th, 2018**.

If you have any questions email Michelle Kim at mkimedit@gmail.com

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 the ski/snowboarding trip to Whitetail Ski Resort in PA with Troop 719 on March 3, 2018.

Ski Package: Lift Only EZ All Mountain Merit Badge

This trip will cost : \$ _see info sheet_ /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)	CAR	VAN	SUV	BUS
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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Please check additional training completed:	
Weather Hazards	YES / NO
CPR	YES / NO
First Aid	YES / NO
Safety Afloat	YES / NO
Safe Swim Defense	YES / NO
Other relevant training _____	