Activity: Canoeing on the St. Croix
Location: Taylor's Falls -> Wm. O'Brien
Dates: Aug. 15-17, 2002
Departure: 5:00-5:30 p.m. Thursday, CVBC
Est. return: 5-7 p.m.(?) Saturday, CVBC
COST: $24.00 (for food, rentals, camping)

Emergency contact: Tom A's cell: 715-456-1871

Details: This will be our troop's second annual canoe trip. The scouts will be canoeing about 17 miles on the scenic St. Croix River, from Taylor's Falls, MN to Wm. O'Brien State Park. We will spend Thursday night at Fred C. Anderson Scout Reservation, then camp out on a deserted island Friday night. **(NOTE: the $24 price is reserved for the first 16 people who sign up, due to limited rental canoes at that price. After the 16 slots are filled, it will cost $44 for each additional person.)**

Retain the above information and return the form below with any money by **Monday, August 12, 2002**. (If you can't make it to that meeting, **MAIL IT IN** to 1900 Eagle Street, Chippewa Falls, WI 54729 so that it arrives by that day.) If we don't have the permission slip and the money in our possession by 6:45 p.m. that Monday night, your boy **cannot come on the trip**. This is only fair to the patrols so that they can buy food and plan accordingly that night.

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Canoeing on the St. Croix (Taylor's Falls -> Wm. O'Brien)
Dates: August 15-17, 2002
Fees: $______ from boy's account + $______ enclosed check = $24.00

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my Scout son/ward, namely:

First____ Middle____________ Last____

on the activity above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, and the sponsoring organization, Chippewa Valley Bible Church. In the event of an emergency, the troop leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with the Troop.

( ) Yes, I will attend this activity with my son(s)
( ) Yes, I can drive (to / from) this activity; I can fit _______ scouts in my car

Signature of parent or guardian:____ Date:__________________________

EMERGENCY INFORMATION: (In addition to Personal Health and Medical Records.)
During the activity listed above, I (parent/guardian) can be contacted at the following phone number(s):

(___________) ____________________________ (____________) ____________________________

This scout is highly sensitive to:
What, if any, medication is this Scout taking?
Any special instructions for this medication?
Do you want the activity leader to carry the medication?
(use back of this page for additional information or explanation)

Date of last tetanus shot/booster: _____________________ Date of birth:______________________

MEDICAL INSURANCE INFORMATION

Company:____

Policy Number: _________________________ Parent's SS#: ____________________________

Questions? Call Darin Thomas or Tom Arneberg, or see the www.troop72.com web page.