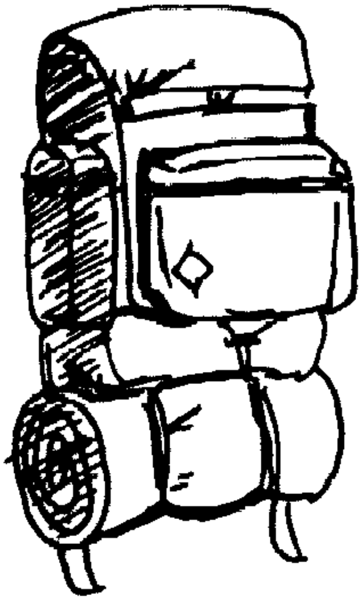
Activity: Spring Backpacking
Location: Ice Age Trail
Dates: Fri-Sun, April 25-27, 2003
Meet at: 5:00 p.m. Friday, CVBC
Estimated return: 3-4:00 p.m. Sunday, CVBC



COST: $10.00 (for food; boys will cook by patrol)
Emergency contact: Tom Arneberg's cell phone -- **456-1871**

Details: This will be our troop's second real backpacking trip. **This trip is not for everyone!** Each person going on the trip will have to carry all his personal gear, clothes, water, cooking gear, tents, and food in his backpack. We will be hiking in several miles and camping in a wilderness setting. This one is for experienced campers, not for beginners.

The PLC (Patrol Leaders Council) has set the criteria for this trip:
(1) You must hold a rank of **Second Class** or above;
(2) you must have been on at least **two tenting campouts** with Troop 72;
(3) you must have a **good backpack with a padded hip belt** capable of carrying all your gear and food.

If you don't meet (1) or (2) but you think you can make it anyway, the PLC will consider exceptions presented to them. In any case, permission slips are due in by 6:45 p.m. the Monday before we leave, so we can buy food and plan and pack everything up. We will need to get on the road around 5:00 p.m. Friday in order to hike in and make camp before dark, so much of the prep work must be done Monday night.

Retain the above information and return the form below with any money by **6:45 p.m. Monday, April 21, 2003.**

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Activity: Spring Backpacking on the Ice Age Trail
Dates: April 25-27, 2003
Fees: $______ from boy's account + $______ enclosed check = $10.00

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