Activity: Bike Ride on Sparta-Elroy Trail
Location: Sparta-Elroy, WI
Dates: September 25, 2004
Meet at: 7:00 a.m. Sat, CVBC
Est. return: :00 p.m. Sat, CVBC

COST: $ .00

Emergency contact: Glenn Woods': 715-456-7675
Details: This will be our troop's third bicycle ride, but this time we'll be on the famous Sparta-Elroy Trail. Sparta is south of Black River Falls, about 88 miles from Chippewa Falls, so we'll need to get an early start for this one-day trip. The trail is paved and flat, but it is 32 miles one way, so boys should bring a bike in good working order, and should try to do a little conditioning before the trip. Also, **helmets are mandatory.**

Retain the above information and return the form below with any money by **7:00 p.m. Monday, Sept. 20, 2004.** Patrols will be buying food for the trip that Monday night.

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Bike Ride on Sparta-Elroy Trailhead
Dates: Sat, September 25, 2004
Fees: $______ from boy's account + $______ enclosed check* = $ .00
(*make your check payable to "Troop 72")

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 (720-7823), or see the www.troop72.com web page.