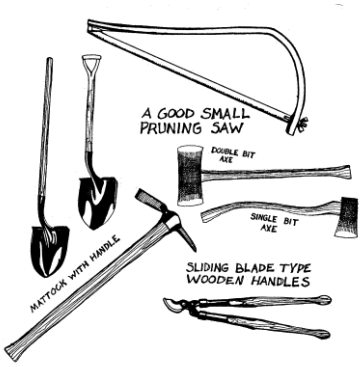
Activity: Trail-clearing service project
Location: Ice Age Trail near Cornell
Dates: Sat, May 21, 2005
Meet at: 7:30 – 8:30 a.m. Sat, CVBC
Est. Return: 3:00 – 5:00 p.m. Sat, CVBC
COST: $0.00 (lunch will be provided)
Emergency contact: Tom Arneberg's cell phone – **715-210-2684**



Commonly-used trail construction tools
(Courtesy of the Appalachian Mountain Club)

Details: This will be our troop's first service project on the Ice Age Trail. For his Eagle project, ASPL Ben Arneberg is heading up a team of Scouts and adults in the community to clear a new section of the trail near Cornell. This section is part of the effort to link the existing trail with Brunet Island State Park.

We don't need these permission slips ahead of time, but please bring them with you on the workday, in case someone gets hurt and needs medical care. We hope to grill burgers and hot dogs for lunch (food will be provided for all workers). You can also join us for the biweekly Men's Breakfast if you want; just show up at church at 7:30 for a hot breakfast and a short Bible Study. We'll leave for the trail around 8:30 a.m.

Every person should bring leather gloves, water bottles, and if you have them, five-gallon buckets and any tools that hill help you remove vegetation from the path of the new trail. Return time is estimated; boys can call their parents on the way home with an exact time.

– - - - - - - - - - - - - - (cut here; return bottom portion) - - - - - - - - - - - - - - - - - -

Activity: Ice Age Trail clearing near Cornell
Dates: Sat, May 21, 2005 *(make checks payable to "Troop72.com")*
Fees: $____ from boy's account + $____ enclosed check = $FREE

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:

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.