

Activity: Klondike Derby!
Location: LE Phillips Scout Reserv.
Dates: Jan. 30 – Feb. 1, 2009
Departure: 5:30 p.m. Friday, CVBC
Est. Return: 12:00 noon Sunday, CVBC
COST: \$15.00 (\$8 for four meals; \$7 for cabin)

Emergency contact: Camp office, 715-234-1147
or Tom Arneberg's cell phone: 715-404-0582



Details: Last year we had a great time at our troop's first Klondike Derby! For those who haven't been to one, a klondike derby is an even where each patrol pushes around a big sled that they made. The sled contains things like a first aid kit, matches, blankets, knives, and pots. There are string-burning contests, sled races, ax skill tests, and boiling water – all outdoors, just like the real Klondike! There are also races.

It will be held at Camp Phillips, about an hour's drive up Highway 53. We will have one of the cabins in the winter camp area, with gas heat and a kitchen area. Scouts are welcome to try sleeping outside, too!

Retain the above information and return the form below with any money by 7:00 p.m. **Monday, Jan. 26, 2009.**

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

Klondike Derby at L.E. Phillips Scout Reservation

Dates: Jan. 30 – Feb. 1, 2009

Fees: \$_____ from boy's account + \$_____ enclosed check = \$15.00
(make checks payable to "Troop72.com")

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.

Note: we will not have either church van for this trip! So we will need several parents to drive (and does anyone have a pickup that can haul the troop trailer?):

- () 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
() Yes, I can drive (to / from) this activity; I can haul the troop trailer

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 (726-4074) or email (tom@arneberg.com) or see the www.troop72.com web page.