



Cradle of Liberty Council, BSA
Troop 272 -Minquas District

Rose Valley Troop 272, BSA

- Trip Destination:** *Pocono Whitewater Rafting Adventures*
1519 PA-903, Jim Thorpe, PA 18229 (800) 944-8392
<http://www.poconowhitewater.com/>
- Departure:** **Friday, May 19**, 6:30 p.m. at the P.I.T. parking lot
- Return:** **Sunday, May 21**, Approximately 1 – 3 p.m. at the P.I.T. parking lot
- Cost:** **\$50 per person** (*Make checks payable to: Rose Valley Troop 272, BSA*)
- What To Bring:** **Bag Lunch for Saturday**, *Plenty of dry clothes, mess kits, dry bag (if available), closed toe water shoes, camping gear (sleeping bag, etc.)*
- Daily Itinerary:** *Friday night departure*

Saturday: Whitewater rafting the Lehigh River for 4-5 hours (Bring a bag lunch). Return to camp for dinner.

Sunday: Breakfast, breakdown camp, return home (possible hike at Boulder Field)
- Destination Info:** **Hickory Run State Park**
3613 State Route 534, White Haven, PA 18661 (570) 443-0400
<http://www.dcnr.state.pa.us/stateparks/findapark/hickoryrun/>
- Trail Description:** *Possible easy hike*
- Questions:** *Tommy Noller, tommynoller11@gmail.com, 484-704-0889*
- Emergencies** Scoutmaster Woodward can be contacted at any time during the trip on his cell phone: (610) 931-7218 (if no answer, leave a message)
- Dates:** **Permission Slip and Money are due: May 10th**
Trip Planning Date: Sunday May 14th
- Note:** **Signed Liability Slip is required for all participants by May 10th (attached)**



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Rose Valley Troop 272, BSA Parental Permission Form

Trip Destination: *Pocono Whitewater Rafting Adventures*

Dates: May 19th – May 21st

Parents Consent and Agreement

I hereby grant permission for my son, _____ to participate in the above indicated trip. I agree that if, in the proper judgment of the adult leaders, my son is not acting in accordance with the promise below, that I will be responsible for removing him from the trip.

I hereby grant permission to the adult leaders to provide any medical care to the above mentioned Scout from: 5 /19/17 to 5 /21/17 that they deem necessary and proper in the case of an emergency. Also, I understand that I will be contacted at the earliest convenient time.

This document shall also serve as authority for any hospital and/or health care provider to render medical treatment to the above named Scout should treatment is deemed necessary by the medical staff of the facility or the adult leaders on the trip. I/We further agree to be completely responsible for any bills or payments that occur in providing medical care.

Parent's Signature _____

Scouts Promise

While on the above-mentioned trip, I promise to behave in a safe and responsible manner and to adhere to the Scout Law and Outdoor Code. I acknowledge that my parent(s) will be called to remove me from the trip if I do not keep this promise.

Scout's Signature _____

Parent/ Guardian Attendance

_____ plans on attending and can transport _____ Scouts with their gear

They have read the Troop's Chaperone Policy and will abide by it during the entire trip.

List any medication(s) that the Scout is currently taking and any allergies:

If Scout Insurance Information has changed, please provide "Scout Updated Insurance Information" form.



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Scout Updated Insurance Information Form

*****Only required if Scout insurance information has changed*****

Name _____

Medical Insurance Company _____

Policy # _____ Group # _____

Emergency Contact:

Name & phone # _____

Name & phone # _____