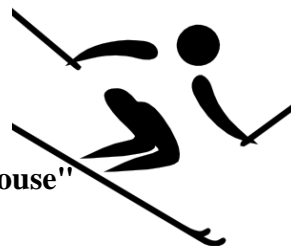


**ROSE VALLEY TROOP 272, BSA  
Elk Mountain Ski Trip 2012**



**Trip Destination:** Elk Mountain Ski Resort, Pleasant Mount, PA  
**Activity:** Downhill Skiing or Snowboarding. Stay in "Halfway House"

**Departure:** Friday, January 6, 2012 @ 6:30pm at the PIT parking lot.  
(It is about a 2 - 3/4 hour ride to Elk Mt.)

**Return:** Sunday, January 8, 2012 @ ~ 11:30-12:30 pm at the PIT parking lot.  
(we will call on our way home to verify pickup time)

**Lodging:** We will be staying Friday and Saturday nights in the "Halfway House" part way up Elk Mountain. Limited to 35 people. It is heated and also has a large fireplace. We will be sleeping on picnic tables so **bring your sleeping bag, ground pad and pillow**. There are bathrooms, with cold water only, downstairs. We can park next to the "Halfway House" at night, but vehicles must be parked in the lower parking lot from 7:30 am to 5:30 pm.

**Meals:** We will make our own breakfasts Saturday and Sunday and have pizza and salad Saturday night. Bring money to buy your lunch on Saturday.

**Clothing:** Wear warm clothes. Waterproof insulated outer ski wear, long underwear, a fleece, gloves (mittens if very cold), goggles and ski hat are recommended. **NO** jeans or cotton, which get wet and cold after a few falls. A ski helmet is required.

**Costs:**

<b>Food:</b>	\$8.00
<b>Skiing:</b>	
<u>Lift Tickets:</u>	
Saturday All Mt., 8:30 am -10:00 pm (night skiing)	\$51.00
<u>Rentals:</u>	
Ski Rentals (includes skis, boots & poles)	\$32.00
Snowboard Rentals	\$37.00
Helmet Rental ( <b>A Ski Helmet is required</b> )	\$7.00
<u>Beginner Package:</u>	
Includes Ski Rentals, Beginner's Lesson and lift ticket good only for the Beginner's Slope Chairlift.	\$42.00
Upgrade to All Mountain pass:	\$35.00 additional

(Make Checks payable to *Rose Valley Troop 272, BSA*)

**Elk Mountain:** www.elkskier.com 570-679-4400

**Questions:** Bill Hale 610-566-5519 or RJ Szymczak 610-627-9763

**Emergencies:** Joe Lesniak Cell Phone: **610-496-0638** (if no answer leave a message)  
Bill Hale Cell Phone: 610-986-8182

**PERMISSION SLIP AND CHECK ARE DUE AT TREE DELIVERY  
ON SATURDAY, DECEMBER 3, 2011.**

**Please fill out Payment Summary on Permission Slip.**



**Rose Valley Troop 272, BSA  
Parental Permission  
ELK MOUNTAIN SKI TRIP 2012**

**PAYMENT SUMMARY:**

**Food: \$8.00**

**Lift Ticket:**

**Ski Rental:**

**Snowboard Rental:**

**Helmet Rental:**

**Beginner Package: \_\_\_\_\_**

**Total:**

**Your Age: \_\_\_\_ Do you have a ski helmet? Y N**

**Trip Destination:** Elk Mountain Ski Resort, Pleasant Mount, PA

**Dates:** Friday, January 6, 2012 to Sunday, January 8, 2012

**PARENT'S CONSENT AND AGREEMENT**

I hereby grant permission for my son, \_\_\_\_\_ to participate in the above indicated trip on the above indicated dates. I understand that participation in the activity may involve a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in the activity. I understand participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, Cradle of Liberty Council, Rose Valley Folk, and all volunteers, employees and related parties associated with the activity from any and all claims or liability arising out of this participation. I further 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.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results and treatment provided for purposes of medical evaluation of my child, follow-up and communication with the child's parents or guardian, and/or determination of my sons ability to continue with the program activities. I/We further agree to be completely responsible for any bills or payments that occur in providing medical care.

Parent's Signature \_\_\_\_\_

**SCOUT'S 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 in my \_\_\_\_\_. They have read the Troop's Chaperone Policy and will abide by it during the entire trip.

**SCOUT INSURANCE INFORMATION**

**\*\*ONLY FILL-OUT IF CHANGED\*\***

Name \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Emergency Contact: Name & phone # \_\_\_\_\_

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

