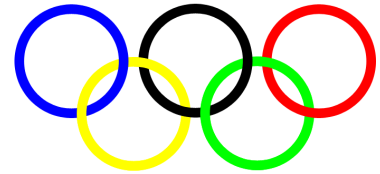




ROSE VALLEY TROOP 272, BSA PATROL OLYMPICS



- Trip Destination:** Resica Falls Scout Reservation, Big Springs Camp
East Stroudsburg, PA 18302
- Departure:** Friday, September 28, 6:30 p.m. at the P.I.T. parking lot
(Possible Saturday Arrival – indicate on Permission Slip)
- Return:** Sunday, September 30, ~2 p.m. – 3 p.m. at the P.I.T. parking lot
- Cost:** \$15 (Make checks payable to: *Rose Valley Troop 272, BSA*)
- What To Bring:**
- Gear for a 2-Day Camping Trip
 - Sneakers
- Itinerary:** The weekend will be filled with Inter-Patrol Competitions which will include:
- Rifle Shooting
 - Field Games (running, throwing...)
 - COPE Games (Climbing, Balancing, Team Building...)
- Destination Information:** Resica Falls Scout Reservation, Big Springs Camp
1200 Resica Falls Road, East Stroudsburg, PA 18302
Phone: (570) 223-8312 or
<https://www.colbsa.org/resica-falls-scout-reservation/resica-falls-scout-reservation.html>
- Campsite Information:** North Winds Campsite & Trooper Lodge
- Questions:** Marshall Bushman: (610) 892-7334 or
Mr. McGaffin: (610) 627-1080 or mcgaffinjim@yahoo.com
- Emergencies** Joe Lesniak can be contacted at any time during the trip on his cell phone:
(610) 496-0638 (if no answer, leave a message)

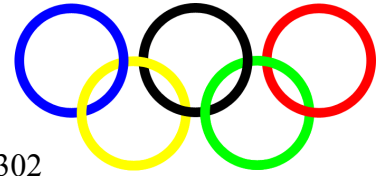
**PERMISSION SLIP & MONEY ARE DUE ON
WEDNESDAY, SEPTEMBER 5th**

**TRIP PLANNING WILL BE
SUNDAY, SEPTEMBER 23rd 6:30pm
in the PIT Cafeteria**

**EQUIPMENT RETURN WILL BE
WEDNESDAY, OCTOBER 10th 6:45pm
(ALL Equipment should be Clean, Dry & Complete)**



Rose Valley Troop 272, BSA
Parental Permission
Patrol Olympics



Trip Destination: Resica Falls Scout Reservation, East Stroudsburg, PA 18302

Dates: Friday, September 28, 2012 to Sunday, September 30, 2012

PARENT'S CONSENT AND HOLD HARMLESS 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 outdoor programs and camping outdoors 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, Northeastern Pennsylvania Council, 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 _____

Circle if
Arriving
Saturday

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.

SCOUT INSURANCE INFORMATION *ONLY IF CHANGED*****

Attach Copy of Scouts Medical Insurance card(s), both front and back of card

Emergency Contact: Name& phone # _____

Name & phone # _____

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