

ROSE VALLEY TROOP 272, BSA
COPE Trip to Resica Falls Scout Reservation



- Trip Destination:** *Resica Falls Scout Reservation*
- Departure:** **Friday, October 11th**, 6:30 p.m. at the P.I.T. parking lot
- Return:** **Sunday, October 13th**, ~1 pm – 3 pm at the P.I.T. parking lot
- Cost:** **\$35 dollars** (*Make checks payable to: Rose Valley Troop 272, BSA*)
- What To Bring:** Normal camping supplies (*ground pad, sleeping bag, tent, mess kit, pocket knife, rain gear, etc.*)
- Daily Itinerary:** **Friday:** Depart from PIT parking lot and head to Resica Falls Scout Reservation in PA. Arrive in Resica Falls at 8 – 9 pm.
Saturday: High and low elements on C.O.P.E. course at Resica Falls.
Sunday: Depart by 9 am.
- Destination Information:** Resica Falls Scout Reservation
1200 Resica Falls Rd, East Stroudsburg, PA 18302
(570) 223-8312
- Questions:** If there are any questions, please contact Sam Capalbo at (610)420-6637 or sam.capalbo@yahoo.com or contact Mr. Epp at (610)872-3837 or tomepp@comcast.net.
- Emergencies** Mr. McGaffin can be contacted at any time during the trip at (610)999-8937. (*If no answer, please leave a message!*)

PERMISSION SLIP & MONEY ARE DUE ON WEDNESDAY, OCTOBER 2ND 2013 (Note: This is a PLC Meeting)

TRIP PLANNING WILL OCCUR ON SUNDAY, OCTOBER 6TH 2013 AT 6:30 PM AT P.I.T.

Rose Valley Troop 272, BSA
Parental Permission
COPE Trip to Resica Falls Scout Reservation



Trip Destination: Resica Falls Scout Reservation

Dates: October 11th to October 13th, 2013

PARENT'S 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 10/11/13 to 10/13/13 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 be 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 _____

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

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

Name _____

Medical Insurance Company _____

Policy # _____ Group # _____

Emergency Contact: Name& phone # _____

Name & phone # _____

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