



ROSE VALLEY TROOP 272, BSA
Camp Hart District-Wide Klondike

- Trip Destination: Camp Hart Pennsburg PA 1125 Camp road 18073
- Departure: Friday, January 24th, 6:30 p.m. at the P.I.T. parking lot
- Return: Sunday, January 26th, Approximately 1 – 3 p.m. at the P.I.T. parking lot
- Cost: *\$15.00*
(Make checks payable to: Rose Valley Troop 272, BSA)
- What To Bring: (NO COTTON) Cold weather gear, cell phone (optional), winter sleeping bag, ground pad, boots, warm socks, pillow (optional)
- Daily Itinerary: *Join us for a weekend filled with action and adventure hunting the beast Sasquach himself. Race sleds, build fires, use your map and compass skills. Help us take him down!*
- Destination Information: 1425 Camp Rd, Pennsburg, PA 18073
(215) 679-2236
<https://www.colbsa.org/camp-hart/>
- Adult Cost: *\$15.00*
- Questions: Zach L: [610-333-2902](tel:610-333-2902) Mr. Shaw: [484-764-9094](tel:484-764-9094)
- Emergencies Jim McGaffin (610) 949-8937

PERMISSION SLIP & MONEY ARE DUE ON WEDNESDAY, 15th
TRIP PLANNING WILL OCCUR ON SUNDAY, 19th

Rose Valley Troop 272, BSA
Parental Permission
Camp Hart District-Wide Klondike

Trip Destination: Camp Hart Pennsburg PA 1125 Camp road 18073

Dates: Friday, January 24th – Sunday, January 26th

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 1/24/2014 to 1/26/2014 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: