

**ROSE VALLEY TROOP 272, BSA
C.O.P.E. Trip to Resica Falls**



- Trip Destination:** Resica Falls Scout Reservation
- Departure:** **Friday, Sept. 9, 2016** 6:30 p.m. at the P.I.T. parking lot
- Return:** **Sunday, Sept. 11, 2016**, approximately 1 – 3 p.m. at the P.I.T. parking lot
- Cost:** \$25.00 per participant; \$15.00 per adult not participating in C.O.P.E.
(Make checks payable to: Rose Valley Troop 272, BSA)
- What To Bring:** Be prepared for cold nights (we are in the Pocono Mountains).
- Daily Itinerary:** *Hour-by-hour (if possible)*
- Destination Information:** Resica Falls Scout Reservation
1200 Resica Falls Road, East Stroudsburg, PA 18302
<http://colbsa.org/cope-and-climbing/>
484-654-9213 (Council Camping Assistant)
570-223-8312 (Resica Falls Scout Reservation landline)
- Adult Cost:** \$25.00 if participating in C.O.P.E., \$15.00 if not participating in C.O.P.E.
- Questions:** **Contact** Mikhail Malone at 610-742-1866 or Mr. Epp at 610-872-3837
- Emergencies** Derek Woodward can be contacted at any time during the trip on his cell phone: (610) 931-7218 (if no answer, leave a message)

PERMISSION SLIP & MONEY ARE DUE ON WEDNESDAY, SEPT. 7

**TRIP PLANNING WILL OCCUR ON WEDNESDAY, SEPT. 7
at 6:45, before the Troop meeting**

**Rose Valley Troop 272, BSA
Parental Permission
C.O.P.E. Trip to Resica Falls**

Trip Destination: Resica Falls Scout Reservation

Dates: September 9 – 11, 2016

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 9/11/2016 to 9/11/2016 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: