

Activity: Canoe camping
Location: St. Croix River
Dates: July 20-21, 2001
Departure time: 9:00 a.m. Friday, CVBC
Estimated return time: 6:00 p.m. Saturday, CVBC



COST: \$27.00 (includes \$25 canoe rental and \$2 gas)

Emergency contact: (Not sure yet...we'll email it out)

Retain the above information and return the form below with money by

Monday, July 16. (If you can't make that meeting, **MAIL IT IN** to 1900 Eagle Street, Chippewa Falls, WI 54729.)

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In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my Scout son(s)/ward(s), namely:

First _____ Middle _____ Last _____

on the activity above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, and the sponsoring organization, Chippewa Valley Bible Church. In the event of an emergency, the troop leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with the Troop.

() Yes, I will attend this activity with my son(s)

() Yes, I can drive (to / from) this activity; I can fit _____ scouts in my car

Signature of parent or guardian: _____ Date: _____

EMERGENCY INFORMATION: (In addition to Personal Health and Medical Records.)

During the activity listed above, I (parent/guardian) can be contacted at the following phone number(s):

(_____) _____ (_____) _____

This scout is highly sensitive to:

What, if any, medication is this Scout taking?

Any special instructions for this medication?

Do you want the activity leader to carry the medication?

(use back of this page for additional information or explanation)

Date of last tetanus shot/booster: _____

Date of birth: _____

MEDICAL INSURANCE INFORMATION

Company: _____

Policy Number: _____

Parent's SS#: _____

Questions? Call Tom Arneberg or Darin Thomas, or see the www.troop72.com web page.