

Activity: Fall Camporee
Location: North of Cadott, WI
Dates: September 21-23, 2001
Departure time: 5:30 p.m. Friday, CVBC
Estimated return: 1:00 p.m. Sunday, CVBC



COST: \$7.00 (boys will bring food and cook by patrol)

Emergency contact: Tom Arneberg's cell phone -- **456-4400**

GOAL: This camporee will be attended by over a hundred Boy Scouts from the Chippewa Falls/Eau Claire area. It will focus on safety and first aid. There will be representatives from local fire, ambulance, and law enforcement protection, as well as the military, to instruct and demonstrate things to the boys. There is more information, including a detailed schedule of events, on our troop web page, "troop72.com".

Retain the above information and return the form below with any money by **Monday, September 17, 2001**. (If you can't make it to that meeting, **MAIL IT IN** to 1900 Eagle Street, Chippewa Falls, WI 54729.)

----- (cut here; return bottom portion) -----

Activity: Fall Camporee north of Cadott

Dates: September 21-23, 2001

Fees: \$_____ from boy's account + \$_____ enclosed check = \$7.00

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/ward, 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.