

Activity: Winter Cabin Camping II
Location: Fred C. Anderson Scout Camp
Dates: February 1–3, 2002
Departure time: 5:30 p.m. Friday, CVBC
Estimated return: 12:00 noon Sunday, CVBC



COST: \$12.00 (includes cabin rental and food costs)

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

Details: This will be our troop's second winter campout. We will again be staying in one big heated cabin, although this one might be a bit more rustic. The Fred C. Anderson Scout Reserve is nestled in the scenic bluffs of the St. Croix River near Stillwater, about 90 minutes west of Chippewa Falls. (Some boys may choose to try earning the "Zero Hero" award, which requires you to stay outside for a 24-hour period during which the temperature drops below 0 degrees F at least once. Any boy wanting to try that will need a good quality sleeping bag!) Note: we will probably NOT be able to park right next to the cabin this time. **So boys should try to get all their stuff into a backpack since they will have to hike in a quarter mile or so. (Also, good boots are important.)**

Retain the above information and return the form below with any money by **Monday, January 28, 2002**. (If you can't make it to that meeting, **MAIL IT IN** to 1900 Eagle Street, Chippewa Falls, WI 54729.) We are going to have to stick to the deadline again this time, so that the boys know how many to buy food for that night. The boys will be doing their own shopping at Pick 'n Save again. One simplification this time is that we are charging a flat rate of \$6 per boy for food, and the patrols can then work within that budget when they do their shopping.

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Activity: Winter Cabin Camping at Fred C. Anderson

Dates: February 1–3, 2002

Fees: \$_____ from boy's account + \$_____ enclosed check = \$12.00

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.