

Activity: Scout Island
Location: Chippewa Falls, WI
Dates: May 31 – June 2, 2002
 Meet at: 5:30 p.m. Friday, CVBC
 Estimated return: 11:30 a.m. Sunday, CVBC



COST: \$6.00 (\$6 for food)

Emergency contact: Tom Arneberg's cell phone -- 456-1871

Details: This will be our troop's second annual weekend camping on Scout Island. This is an island owned by another troop in town, in Chippewa River right in the city limits!. Scout Island is a great place to work on Totin' Chip skills (ax, saw, knife), as well as to do some fun fishing and swimming.

Retain the above information and return the form below with any money by **Monday, May 27, 2002**. (If you can't make it to that meeting, **MAIL IT IN** to 1900 Eagle Street, Chippewa Falls, WI 54729 so that it arrives by that day.) If we don't have the permission slip and the money in our possession by 6:45 p.m. That Monday night, your boy **cannot come on the campout**. This is only fair to the patrols so that they can buy food and plan accordingly that night.

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

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Fees: \$ _____ from boy's account + \$ _____ enclosed check = \$6.00

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.