**Activity: Bike Ride on Old Abe Tr.**
**Location: ChipFls -> Cornell**
**Dates: July 20, 2002**
**Meet at: 9:00 a.m. Sat, CVBC**
**Est. return: 4:00 p.m. Sat, CVBC**

**COST: $3.00 ($3 for food)**

**Emergency contact: ?**

**Details:** This will be our troop's first-ever bicycle ride. The scouts will be bicycling on the Old Abe trail, which goes from the starting point near Water's Edge to Cornell, riding on an old converted railroad track along the Chippewa River. Larry Hoffman's flatbed trailer will be used to haul the bikes from CVBC to the trailhead, and back home again from Cornell (possibly Brunet Island State Park).

Retain the above information and return the form below with any money by **Monday, July 15, 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 trip**. This is only fair to the patrols so that they can buy food and plan accordingly that night.

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## Bike Ride on Old Abe Trail (Chippewa Falls -> Cornell)
## Dates: July 20, 2002
## Fees: $_____ from boy's account + $_____ enclosed check = $3.00

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 Darin Thomas, or see the www.troop72.com web page.