

**Activity: Winter Cabin Camping**  
**Location: L.E. Phillips Scout Camp**  
**Dates: January 10-13, 2003**  
**Departure: 5:30 p.m. Friday, CVBC**  
**Est. return: 12:00 noon Sunday, CVBC**  
**COST: \$12.00** ( \$6 for four meals; \$6 for cabin)



Emergency contact: Tom A's cell: 715-456-7601

**Details:** This will be our troop's second trip to the winter camp at L.E. Phills, near Rice Lake. We will again be staying in one big heated cabin. This time we'll be able to park our cars right next to the cabin, so packing will be a little more flexible. There is a great sliding ramp nearby, so pack and dress accordingly.

Retain the above information and return the form below with any money by **Monday, January 6, 2003.** (If you can't make it to that meeting, **MAIL IT IN** before then to 721 Irvine St, Chippewa Falls, WI 54729.) The boys will be doing their own shopping at Pick 'n Save again, so we need a firm headcount that night.

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

**Winter Cabin Camping at L.E. Phillips**  
**Dates: January 10-12, 2003**

**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 Darin Thomas or Tom Arneberg, or see the [www.troop72.com](http://www.troop72.com) web page.