Activity: **Five-Mile Hike**
Location: **Ice Age Trail**
Dates: **Saturday, April 8, 2006**
Meet at: 9:00 a.m. Saturday, CVBC
Estimated return: 3-5 pm (?) Saturday, CVBC

COST: $0.00 (bring your own food)

Emergency contact: Tom Arneberg's cell phone: 210-2684

Details: For our troop's sixth annual five-mile hike, we'll be heading back to the Ice Age Trail. The annual hike usually attracts a lot of dads, so any of you are welcome to come along, too! It's also a good event to invite a friend to -- the hike is a great introduction to Boy Scouting, since it's more fun than a Monday night meeting, but doesn't require the commitment and packing of a weekend camping trip. **Meet at 9:00 a.m**.

Every hiker should try to wear hiking boots with good ankle support, and two pairs of socks to diminish the chance of blisters (preferably an inner layer of polypropolene, and wool socks on the outside). Everyone should also bring a raincoat or poncho in case it rains, and a hat and sunscreen in case it gets sunny. And, of course, **plenty of water**! You can probably fit all this in a small school backpack, but if you have a large backpack, this would be a good chance to check it out on the trail if you want.

The boys will be building a campfire for lunch, and we may also bring a couple backpacking stoves. .

Retain the above information and return the form below when you show up for the hike.

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Activity: Five-Mile Hike on the Ice Age Trail
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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.