

Activity: Canoeing on the Red Cedar

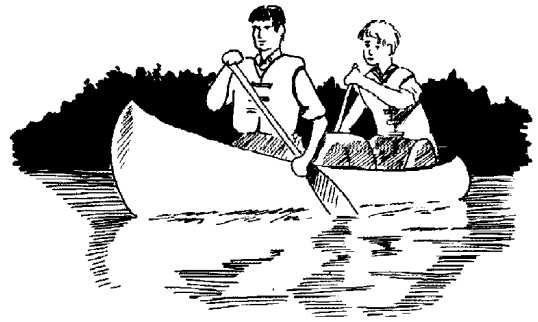
Dates: August 16, 2008

Departure: 8:00 a.m. Saturday, CVBC

Est. return: 4-9 p.m. Saturday, CVBC

COST: \$0.00 (bring food or eat MRE)

Emergency contact: Tom Arneberg's cell: 715-529-1536



Details: We're going to try a one-day canoe trip. We've always gone far away, so this time we thought we'd explore waters close to home – we'll probably paddle the Red Cedar River from Highway 64 to Colfax.

Scouts are welcome to bring whatever food they want to eat for lunch (and possibly supper if we're out a long time). You might also want to bring a couple dollars in case we stop for ice cream. Our return time depends on distance, water speed, and weather. We'll call with an estimated time when we're out of the water.

Retain the above information and return the form below with any money by **Monday, August 11, 2008**. Space is limited by the number of canoes we can haul on Rod Schrader's trailer.

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

Canoeing on the Red Cedar

Dates: August 16, 2008

Fees: \$_____ from boy's account + \$_____ enclosed check* = \$0.00

(*make checks payable to "Troop 72")

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 at 726-4074, or see the www.troop72.com web page.