

**Activity: 72-mile Bike Ride on Chip. River Trail**  
**Location: Chip.Falls -> Durand and back**  
**Dates: Sat-Sun, Aug. 15-16, 2009**  
**Meet at: 9:00 a.m. Sat, Hardee's (B53/Eddy Ln.)**  
**Est. return: 2-4 p.m. Sun, Hardee's (B53/Eddy Ln.)**  
**Cost: \$13 (4 meals @ \$2.50; \$3 camping fee)**



**Emergency contact: Tom Arneberg's cell: 404-0582**

**Details:** We're heading south for this year's bike trip! We'll haul camping/cooking gear from Hardee's to Durand in the trailer, so the burden will be light. We'll be bicycling 95% on paved bike trails, on the Chippewa River Trail, through Eau Claire, and on to Durand via the newly-paved section. The trail is paved and flat, but it is about 36 miles each day, so boys should bring a bike in good working order, and should try to do a little conditioning before the trip. Also, **helmets are mandatory**. You can eat breakfast at home, or at Hardee's if you arrive before 9:00. (If you've never gone 36 miles in a day, don't worry; it's easier than you think...we've had plenty of 11-year-olds able to make it.) When we arrive in Durand, we get to use the **SWIMMING POOL** (and showers) that are open until 8:30 p.m.!

Retain the above information and return the form below with any money by **7:00 p.m. Monday, Aug. 10, 2009**. (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.) Patrols will be buying food for the trip that night during the meeting.

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

**72-mile Bike Ride on Chippewa River Trail (Chippewa Falls -> Durand and back)**

**Dates: Sat-Sun, Aug. 15-16, 2009**

**Fees: \$\_\_\_\_\_ from boy's account + \$\_\_\_\_\_ enclosed check\* = \$13.00**

(\*make your check 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 (726-1728), or see the [www.troop72.com](http://www.troop72.com) web page.