

## Activity: Canoeing the Namekagon

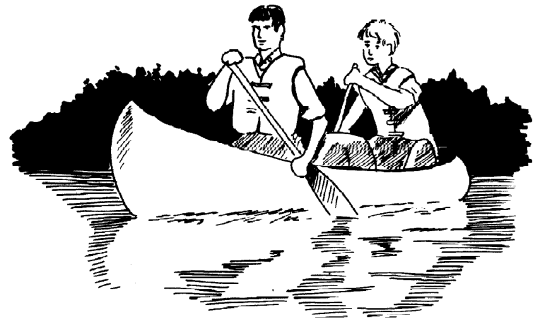
Dates: July 22-25, 2010

Departure: 5:45 p.m. Thursday, CVBC

Est. return: 3-8 p.m. (?) Sunday, CVBC

**COST: \$20.00** (8 meals)

Emergency contact: Mark Reams's cell: 715-458-5577



**Details:** Just because the "Dirty Dozen" from our troop are at Philmont doesn't mean the rest of us can't have some fun! ;-) Join us for some canoe-camping on this beautiful and remote northern Wisconsin river. This trip will be limited based on how many canoes we haul with us. (Get your permission slips in early!)

We'll camp at Trego County Park Thursday night, then spend Friday and Saturday nights on some islands in the river. Our return time Sunday will be based on weather and fatigue.

Retain the above information and return the form below with any money by **Monday, July 19, 2010**. We need to know our final headcount so we can buy groceries that day.

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

## Canoeing the Namekagon

Dates: July 22-25, 2010

**Fees: \$\_\_\_\_\_ from boy's account + \$\_\_\_\_\_ enclosed check\* = \$20.00**  
(\*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 Mark Reams at 715-458-5577, or see the [www.troop72.com](http://www.troop72.com) web page.