

Activity: ICE FISHING!

Location: Some lake 50-60 miles north

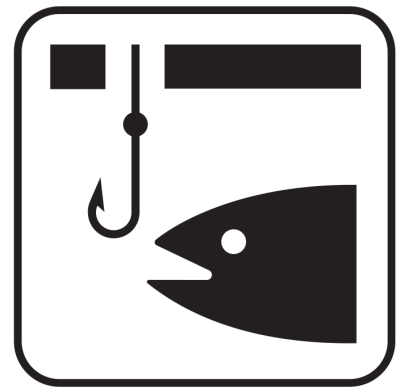
Dates: April 1-2, 2011

Departure: 5:00 a.m. sharp Saturday, CVBC

Est. Return: 1pm(?) Saturday, CVBC

COST: \$5.00 (\$2/lunch, \$3/gas) **PLUS brkfst/snacks**

Emergency contact: Cory Krizan's cell phone: 715-828-3928



Details: We are going to try our troop's first ice fishing expedition! Mr. Cory Krizan has offered to lead the charge. He is going to scout out a great lake 50-60 miles north of Chippewa Falls. The plan is to leave church at 5:00 a.m. sharp on Saturday morning. To avoid making parents get up at 4:30 a.m. to drop their sons off, Scouts can sleep over at church Friday night, starting at 8:00 p.m. So you can either show up 8:00-9:00 p.m. Friday, or 4:55 a.m. Saturday. Bring your own quick breakfast food, and any other snacks you may need in the morning, along with a water bottle. Remember to **DRESS WARM!** This is different than the Klondike Derby, since you'll be stationary most of the time. The plan is to return to church late morning and fry up the fish for lunch, after buying some potatoes and onions and other fixings with the \$2/person.

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

Ice fishing

Dates: April 1-2, 2011

Fees: \$_____ from boy's account + \$_____ enclosed check = \$5.00
(make checks payable to "Troop72.com")

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 (726-4074) or email (tom@arneberg.com) or see the www.troop72.com web page.