



Lake Adventure & Fishing Trip weekend outing

**Lake Burton
Aug 15-17, 2008**

**For all T629
registered scouts**

**Depart:
Mt Pisgah Fri. 6:30 PM Aug 15
Return:
Sun. 1:00 PM Aug 17
Cost:
\$29 by Aug 11 Troop Meeting**



Pack list attached.

**For more details contact
your patrol leader,
then senior patrol leader
or Scoutmaster**

EQUIPMENT LIST

- _Pack with straps(or bag with plenty of waterproof bags)
 - _Sleeping bag (or blankets) with poncho
 - _Tent (or know who you are sharing with)
 - _Groundcloth (or plastic sheeting) & foam pad (or newspapers)
 - _Eating utensils (knife, fork, spoon, cup, bowl, & plate)
 - _Toilet articles (soap, toothpaste/brush, comb, towel, etc.)
 - _Flashlight with fresh batteries
 - _Extra change of clothes (3pr-socks, shirts, trousers or sweat suit)
 - _Wet weather gear (rain jacket or poncho)
 - _Full Scout Uniform and Troop red activity T-shirt.
 - _Sneakers with extra pair to get wet or water shoes (no sandals)
 - _Windbreaker
 - _Scout handbook/pencils and paper
 - _Water jug or canteen with water.
 - _Bathing suit, towel, T-shirt and sneakers that can get wet.
 - _Sunglasses and suntan lotion.
 - _Fishing gear as desired
- note: no radios, CD's, pager's, cell phones or large knives (pocket knives are fine).
 - Bring your own life preserver if you have one and any floating device you may want to use.

TROOP 629, BSA PERMISSION FOR ACTIVITY

TROOP 629, BOY SCOUTS OF AMERICA IS PLANNING AN ACTIVITY AND NEEDS A PARENTS WRITTEN PERMISSION FOR THEIR SCOUT TO ATTEND. PLEASE FILL OUT THIS FORM AND RETURN WITH PAYMENT FOR ACTIVITY.

My son _____ has my permission to participate in (fill in activity) _____. He is in good physical condition and has not had any serious illness or operation since his last health (physical) exam, except as noted below: Special conditions to monitor _____ and medications _____.

During this activity, I may be reached by: phone _____, pager _____, or cell phone _____. If I cannot be reached in the event of an emergency, the adult Scout Leader in charge is authorized to act on my behalf to hospitalize, secure proper anesthesia, or to order any injection(s) for my son.

In order to expedite, in the event of any unforeseen emergency the Troop must have the following information, (to be kept confidential)

MEDICAL INSURANCE PROVIDER: _____

POLICY OR GROUP NUMBER: _____

DOCTOR NAME: _____ AND PHONE NUMBER: _____

_____. WILL PICK UP MY SON FOLLOWING ACTIVITY.

My son also has my permission to be transported to and from this activity by car, van or Mount Pisgah Church vans. We understand the driver of the vehicle will be licensed, insured, and will do all driving in accordance to the law, and will abide by the Boy Scouts of America transportation rules and regulations. My son knows the importance of a safe trip and therefore he will wear a seatbelt, sit still at all times, listen to the driver, and refrain from any unruly behavior, loud noise, unsafe objects (laser pointers, throwing objects, opening his scout knife, etc.). I also understand that my son might be eating a bag supper in the vehicle and that he will be responsible for the contents in the bag, before, during and after the trip. I understand that sometimes trips may be delayed either in departing or arriving, and we will help in any way we can to assure a positive attitude in my son and ourselves. In turn, I can expect to be informed via phone tree or car phone from my son's vehicle of any major delays or emergencies. The Scout Oath and Law are our way of life. Every Scout's behavior while on our activity is expected to reflect the Oath and Law in all ways.

Scout signature: _____ **Date:** _____

My parent _____ can drive _____ passengers for this activity.

Parent or guardian signature: _____ **Date:** _____