

**“Make a Big Impact, but Leave No Trace
(How Green is Your Troop)”**

*Chattahoochee District Camporee
March 19-21, 2010
Woodruff
Scout reservation*

Depart Mt Pisgah at 6:30PM Friday March
19th.

Return Sunday at Noon March 21st.

Cost of camp fees and food \$25

Due March 15th meeting with permission slip

Packing list and permission slip attached.

Questions call your patrol leader, SPL then SM.

EQUIPMENT LIST

- _Pack with straps (or bag with plenty of waterproof bags)
 - _Sleeping bag (or blankets) with poncho
 - _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)
 - _Wear Full Scout Uniform (field) and red Troop T-shirt (activity).
 - _Boots or hiking shoes
 - _Coat/ windbreaker.
 - _Scout handbook/pencils and paper
 - _Water jug or canteen with water.
 - _ Share a tent with a buddy or ask for a Troop Tent.
- * note: IPOD's, no radios, CD's, pager's, cell phones or large knives (pocket knives are fine).

TROOP 629, BSA PERMISSION FOR ACTIVITY

TROOP 629, BOY SCOUTS OF AMERICA IS PLANNING AN ACTIVITY AND NEEDS A PARENT 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. I 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 I will help in any way we can to assure a positive attitude in sons and ourselves. In turn, I can expect to be informed via phone tree or car phone from our 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: _____