

Webelos Woods

Cathedral Pines County Park, Middle Island, NY

DIRECTIONS: LIE exit 66, left on Sills Road, 3.7 miles to park entrance on left.

Friday October 23rd – Sunday October 25th

All scouts should attend - Teach fire building and introduce Webelos to our troop

DEPART: Friday - 7pm at Birchwood

RETURN (planned estimate): **Sunday - 10 AM at Cathedral Pines** *OR*
NOON at Birchwood for Ride Share Pick-up

FEE: None

PERMISSION SLIP DUE: October 7th

Scout and/or Adult Name: _____

ADDITIONAL INFORMATION: Tent camping, Patrol cooking, Patrol teaching assignments.

BE SURE TO ASK your SPL or Patrol Leader for your specific scout responsibility details.

PARENTS: Please listen at openings for details and be sure to *watch for and reply to any email* regarding transportation for your Scout.

EMERGENCY CONTACTS: **Kurt Rosenhagen:** 631-697-1514 kurtscout@houseroses.com
Frank Racaniello: 917-692-2519

PLEASE RETURN BOTTOM PORTION.

KEEP TOP PORTION FOR YOUR RECORDS

WEBELOS WOODS - OCTOBER 23-25, 2015

Name of **SCOUT/ADULT** participating _____ Fee paid _____

TRAVEL PLANS:

Scout will Depart with _____ or **NEEDED** Return with _____ or **NEEDED**

Parent Can Drive: **YES / NO** on **Departure / Return / R-T** has room for _____ additional scouts/adults

Trip adjustment information: _____

(List any needed adjustments to trip departure or return times or locations)

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____ Phone number: _____

For Parents/Guardians and Adult Participants - Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader(s) in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult(s) in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I give permission for my son _____ to participate in the **overnight at**
(Name of scout)

Webelos Woods at Cathedral Pines County Park on October 23-25 with SCC Boy Scout Troop 218

_____ Without Restriction or _____ Restriction (please list): _____

Parent/Guardian _____
(Print) (Sign) (Date)