

Kayaking on the Broad River



September 27-29 2019

Open to all registered scouts of Troop 629



Camp and Kayak at the Broad River Outpost. Suitable for all levels of paddlers, offers 6 ½ miles of cascading rapids, a water fall along with rocky islands to spend some chill time on.

Depart:

**Mt Pisgah Friday 6:00 PM Sept 27th
(Eat dinner Beforehand!)**

Return:

Sunday noon Sept 29th

Cost:

**\$55, Registration/Permission Slip/Waiver due by
Sept 23rd Troop meeting**

**Packing list attached
(Closed toed water shoes recommended)**

**For more details contact PL, then SPL, then
Mr. Benton 404-579-5262 or jon@jonbenton.com**

EQUIPMENT LIST

_Pack with straps (or duffel bag)

_Sleeping bag (or blankets)

_Tent (or know who you are sharing with)

_Ground cloth (or plastic sheeting) & foam pad

_Eating utensils (knife, fork, spoon, cup, bowl, & plate)

(Troop will not be providing eating utensils and cups,

be sure to bring your own!)

_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 or crocs)

_Windbreaker (or plan to use rain jacket if it gets chilly)

_Scout handbook/pencils and paper

_Water jug or canteen with water

_Swim suit, towel, T-shirt and water shoes or sneakers that can get wet

_Sunglasses, **sunscreen** and insect repellent

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 _____, e-mail _____, 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 and plans to stay Y___ N___

Parent or guardian signature: _____ Date: _____

