



Troop 895 Annual Ski Trip

Ski Liberty in Carroll Valley, PA (<http://www.libertymountainresort.com>)
Saturday, February 4th, 2012



The Objective: Have fun learning to ski/snowboard or improving skills. Lessons are included in cost. Mr. Drawbaugh will be teaching the Snow Sports Merit Badge to any interested Scouts.

The Plan: Our ski trip this year will be to Liberty Mountain in Pennsylvania. We'll go by chartered bus from Falls Church Presbyterian Church on Saturday, February 4th, at 6:30 am (meet at 6:15 am!!), ski for the day and return home that night at 7:00 pm.

RSVP:	By Monday, Jan 30th Troop Meeting	Contact:	Tom Updike Thomas.updike@cassidyurley.com
Equipment:	Warm jacket and pants or bibs (no blue jeans), long underwear if the weather is cold, sweater or fleece, water resistant ski gloves (important! Bring two pairs!), sunglasses or goggles, wool socks (not cotton), sunscreen, chapstick and several dollars for a locker. Helmets are required for BSA ski and snowboards activities. If your son does not own a ski helmet, he may rent one at the mountain at no added charge. Note: Parents must complete and sign 1) this form; 2) Liberty Mountain's Gear Rental and Liability Release Form as well as the 3) Helmet Rental and Liability Release Form.		
Food:	Bring bag lunch or money to buy lunch at the mountain.		
Safety:	Buddy System		
Uniform:	Please do not wear uniforms. Just warm, non-cotton clothes.		
Departure:	Sat, Feb 4th @ 6:30 am @ Church	<i>Scouts should eat a hearty breakfast before arriving at Church</i>	
	Meet at 6:15 am @ Church		
Return:	Sat, Feb 4th, about 7:00 pm		
Cost:	\$135 per scout includes transport, gear rental (boots, skis or snowboard, poles, helmet). Scouts that have their own gear and only need a lift ticket and transport, cost is \$100. Adults that will help supervise the boys will not need to pay transport fee (they'll only need to pay \$91 for rentals/lift ticket). Checks payable to Troop 895. EARLY FORM SUBMITTAL AND PAYMENTS ARE APPRECIATED!		

Participants Attending <i>(one form per scout please)</i>	payment	amount
Scout:		
Adult:	<small>date</small> <small>check #</small> use scout account for payment?	N/A this Trip
e-mail:	use medical forms on file?	yes / no

* Part A & Part B of the BSA Annual Health & Medical Records are valid for 1 year and are on hand with the Activity Leader for every scouting event. Check to see if it needs to be updated.

Driver:	NO DRIVERS NEEDED SINCE WE ARE TAKING A BUS	Number of seats for scouts:	N/A
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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 my 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 give my permission as a parent or legal guardian for the Boy Scout name below to participate in this activity. I understand that Troop 895 takes reasonable and prudent precautions to minimize risks to participating scouts, but that it is not possible to completely eliminate all risk of mishap or injury. I release the Boy Scouts of America, the National Capital Area Council, Troop 895, its sponsoring organization, 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. I give my permission for the adult leaders responsible for this activity to authorize emergency medical treatment for the Scout in my absence should they deem it necessary to do so and to provide over-the-counter medications, sunscreen and insect repellent.

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 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 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.



Parent/Guardian Signature: _____ Date: _____
 Scout Signature: _____ Date: _____

Scout Law: A Scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean, and reverent.

EMERGENCY # FOR THIS EVENT



SCOUT



TROOP 895: