

**NOV 2011 Troop Activity Information Sheet**

**11-11-11 to 11-13-11**

**Required Forms:**

- Troop 119 Permission Slip

**Permission Slip and fee Due: 11/8/11**

Please make checks payable to Troop 119

**Cost:** \$15.00 Includes food and Cabin.

**Emergency Points of Contact:**

- Joe Angelo: 202-904-9279 / 330-921-5070  
 Keith Chapman: 330-502-2843

**Departure Information:** Parents/Guardians drop off Scouts at **6:30 PM, Friday, NOV 11 2011** at Camp Stambaugh.

**Return Information:** Parents can pickup Scouts at **9:00 AM on Sunday, NOV 13, 2011** at Camp Stambaugh.

**Required Equipment:**

- Wear
  - Scout Hat
  - Scout Shirt with Class B Shirt under Scout Shirt
  - Pants
  - Undergarments
  - Socks
  - Jacket (according to weather)
  - Gloves
  - Hat
  - Boots
  - Small Notebook and Pen
  - Watch (Optional)
  - Camera (Optional)
- Backpack or Bag to carry items
  - 2 Shirts
  - 1 Pair Pants
  - 2 Pair Undergarments
  - 2 Pair Socks
  - Spare shoes or boots
  - Gloves
  - Rain Jacket or Poncho
- Sweat Pants and Sweat Shirt or Something Comfortable to Sleep in
- Water Bottle
- Canteen
- Flashlight
- Sleeping Bag (Pillow optional)
- Cleanup Kit
  - Toothbrush
  - Toothpaste
  - Soap
  - Comb
  - Washcloth
  - Towel
- Scout Handbook
- Compass
- Tent w/Ground Cloth (Not needed if staying in cabin)
- Personal Mess Kit and Eating Utensils
- Spare Hat



# Troop 119 Activity Parental Consent Form

SCOUT'S NAME \_\_\_\_\_

Each individual scout must present this completed form to participate in the following activity.

Destination: Camp Stambaugh, Strauss Cabin

Purpose: Attend NOV Troop Activity

Departure Time and Date: 6:30 PM, 11/11/2011

Return Time and Date: 9:00 AM, 11/13/2011

Activity Cost: \$15.00

## INFORMED CONSENT AGREEMENT

I understand that participation in the above activity offered through Troop 119, Greater Western Reserve Council, Boy Scouts of America, involves a certain degree of risk. I have carefully considered the risk involved and have given

\_\_\_\_\_, my son, my consent to participate in the above activity during the above time and dates. This form must have both parent/guardian signature(s) unless one parent possesses sole custody:

If we cannot be reached at the listed phone numbers, we authorize the unit leader or program staff to obtain medical and/or hospital treatment for our son in case of an emergency or illness.

**ATTENTION!** Our son is allergic to \_\_\_\_\_ He has with him and must take, as prescribed, the following medication: \_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Phone Number

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Detach Bottom and Retain

Purpose: Attend NOV Troop Activity  
Departure Time and Date: 6:30 PM, 11/11/2011  
Return Time and Date: 9:00 AM, 11/13/2011  
Activity Cost: \$15.00

**Leader Contact Information**  
Joe Angelo: 330-921-5070/202-904-9279  
Keith Chapman: 330-502-2843