

# Mountain Biking Campout 2009

Friday May 15 thru Sunday May 17

**Where:** *Kettle Moraine State Forest Southern Unit, Near Whitehall, Wisconsin.*

Camping at Hickory Woods Group Campground – Please See Troop website for actual location and directions (approximately a 2 hr drive from the church)

**When:** *Meet at Church at 6:00 PM.*

**Depart:** *Friday May 15, 6:30 PM St. Raphael's.*

**Return:** *Sunday, May 17. Plan on meeting your son at St. Raphael's around 11:00 AM*

(drivers will try and call parents to give a better arrival estimate)

**Cost:** *\$41.00 per person Payable to BSA Troop 510.* (BIKE Rental Fee of \$25 Included in Cost – If you will not be biking the cost is \$16 per scout, Adult Leader Fee is \$25 if biking)

**Coordinator:** *Kevin Hausman*

(630) 527-0114 H

(630) 676-1532 C

(630) 616-3519 W

Email Kevin@wideopenwest.com

**General Information:** If a parent wishes to attend, you must complete the BSA background (reference) check, complete "Protecting God's Children" training through the Diocese of Joliet, and complete BSA youth protection online training prior to the campout. Per insurance specifications and to promote Scout unity, the khaki uniform (Class A) must be worn to and from all troop activities.

**Please return the attached permission slip and \$ or Check as soon as possible but by Wednesday May 13<sup>th</sup> meeting **AT THE LATEST.****

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## Mountain Biking Campout - Permission Slip - May 2009

I give permission for my son \_\_\_\_\_ to attend this outing and participate fully except for the following limitations; (If none, write none) \_\_\_\_\_.

His patrol is \_\_\_\_\_.

He is allergic to the following (medicines, foods, plants, bees, etc.) \_\_\_\_\_.

In case of emergency my cell phone number is \_\_\_\_\_

or you can contact \_\_\_\_\_ at \_\_\_\_\_.

If an emergency situation should occur and I can't be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

X \_\_\_\_\_ *parent/guardian signature.*

- I can drive both ways and camping with the troop. I have room for \_\_\_\_\_ scouts (including my son) **OR**
- I can drive on Friday night to the camp. I have room for \_\_\_\_\_ scouts (including my son) **OR**
- I can drive on Sunday morning from the camp. I have room for \_\_\_\_\_ scouts.
- I will camp on Friday \_\_\_\_\_ on Saturday \_\_\_\_\_ (check what applies)

Drivers license # is \_\_\_\_\_

and I have a minimum 50/100/50 auto insurance required by BSA I will be transporting scouts in

(year) \_\_\_\_\_ (make) \_\_\_\_\_ (model) \_\_\_\_\_.

Scouts will be given an opportunity to choose their ride from available drivers. All other Scouts will be assigned a driver. Drivers will make the final decision on passengers based on safety and convenience.