



**BOY SCOUT TROOP 50
RANDOLPH, NJ
PATRIOTS' PATH COUNCIL, BSA**



EVENT:

CLIMBING CAMPOUT and HIKE

LOCATION:

North Summit Climbing Gym, Wind Gap, PA (Hike at the Delaware Water Gap)

DATE / TIME

Leave the VFW at 6:30 PM, Friday, March 15, 2024

Return to VFW before 5 PM, Saturday, March 16, 2024 (We'll call upon return.)

COST:

\$55 (Adults who climb - \$25)

TRIP LEADER:

Mr. Lareau (973-479-6865)

REMARKS

- We will be rock climbing and sleeping over in the indoor gym. Cereal breakfast. Then a hike in the Delaware Water Gap, weather permitting. Eat lunch overlooking the Gap. Priceless!!
- We must have the following for you to participate:
 1. This Permission Slip
 2. The Climbing Center's Waiver. (Will be emailed to all before the deadline.)
- Cost includes climbing & harness, breakfast and lunch. Eat dinner before you come. (Special climbing shoes may be rented for an additional \$4. Bring money with you.)
- Wear comfortable climbing clothes and Troop 50 black T-shirts. **No Uniforms!!**
- Bring Sleeping Bag and Pad, PJ's, and toilet articles. Bring appropriate shoes and clothes for the hike. Bring a day pack and water bottle for the hike. Always bring raingear.
- Check out the Climbing Center's website at <http://www.NorthSummitClimbing.com>.

Deadline for Permission Slips, Waivers, and Payment is the Thursday, February 29, Troop Meeting



CLIMBING CAMPOUT and HIKE

LOCATION:

North Summit Climbing Gym, Wind Gap, PA

DATES:

Friday, March 15 – Saturday, March 16, 2024



SCOUT'S NAME: _____

AGE: _____

ADDRESS: _____

HOME PHONE: (____) _____ EMERGENCY PHONE: (____) _____

The above named Scout has my permission to attend this activity. He may participate in **all** activities programmed, except for those noted here:

Does he have any current **medical conditions or allergies** we should be aware of?
Please describe on the reverse side with any special instructions.

YES NO

Will he taking any **medications** on the trip?

YES NO

If YES- Please provide a **Troop 50 Medication Information Form** with dosage, when it needs to be administered, etc. (Download from the Troop 50 Website.)

If in the judgment of the Scout leaders in charge, it becomes necessary to send my son to a nearby hospital, physician, or dentist for diagnosis and/or treatment, they have my full permission to do so. Further, should medical treatment be necessary, it may be administered. I will assume full financial responsibility for any medical expenses that are incurred.

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____

Deadline for Permission Slips, Waivers, and Payment is the Thursday, February 29 Troop Meeting

Amount Paid: \$ _____ How paid: _____