



# BOY SCOUTS OF AMERICA

TROOP 118

Bethlehem Presbyterian Church

Cornwall, NY 12518

[www.troop118.us](http://www.troop118.us)

TROOP 118

\$25.00 Cash Please  
Includes, trail  
booklet, patch, food

## ACTIVITY PERMISSION SLIP

Scout's Name:

\_\_\_\_\_

Activity:

December Overnight/Old New York Historic Trail Hike

Day, Date & Time Beginning:

Saturday, Dec. 9, 2017, 8:00 am, Camp Alpine Parking Lot

Day, Date & Time Ending:

Saturday, Dec. 10, 2017, 8:30 am, Camp Alpine Parking Lot

As the parent /guardian of (Scout's name) \_\_\_\_\_ I give permission for my son to attend the above named activity to be conducted under the supervision of Scoutmaster, Ronald S. Jurain and/or his registered Assistants. Furthermore, and in the event that my child should become ill, injured, or the victim of any accident during the course of said function, which would require medical/surgical treatment, emergency or otherwise, I request that you notify me by telephone at the following number: ( ) \_\_\_\_\_.

However, should the Scoutmaster or his Assistants be unable to contact me by phone, this document shall serve as full authorization to obtain such required medical or surgical treatment, and exhibiting this document to an attending physician and/or surgeon shall constitute his authority to proceed with medical and/or surgical procedures.

(Parent's Signature): \_\_\_\_\_ (Date Signed): \_\_\_\_\_

Please Note: Sometimes Scouts will be needed for additional help either before or after the event (For example: to help get equipment ready or put it away). If your son has been assigned an extra duty, please familiarize yourself with what is expected of him, and help to see that he fulfills his responsibility. Your co-operation is greatly appreciated. (If the bottom line has been left blank, then no extra duty has been assigned this time),

Your son has been assigned the additional duty of: \_\_\_\_\_

\*\*\*Please check one: I will \_\_\_ will not \_\_\_ participate in the rifle shooting program\*\*\*

# Equipment Needed for an Overnight Camp Out

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Pack                              | <b><u>Circle any Item Missing</u></b>            |
| <input type="checkbox"/> 2. Sleeping Bag (or 2-3 Blankets)    |  |
| <input type="checkbox"/> 3. Extra Blanket (optional)          | Pack Checked by:                                 |
| <input type="checkbox"/> 4. Foam Sleeping Pad or Air Mattress | _____  |
| <input type="checkbox"/> 5. Ground Cloth                      |  |
| <input type="checkbox"/> 6. Tent or Shelter                   |  |
| <input type="checkbox"/> 7. Change of Clothes                 |  |
| <input type="checkbox"/> Pants                                | <b><u>Extra Seasonal Gear</u></b>                |
| <input type="checkbox"/> Shirt                                |  |
| <input type="checkbox"/> Underwear                            | <b><u>Summer, Spring Fall</u></b>                |
| <input type="checkbox"/> Socks                                |  |
| <input type="checkbox"/> Shoes                                | <input type="checkbox"/> Insect Repellant        |
| <input type="checkbox"/> 8. Sweater or Jacket                 | <input type="checkbox"/> Canteen                 |
| <input type="checkbox"/> 9. Poncho or Rain Suit               |  |
| <input type="checkbox"/> 10. Eating Equipment                 | <b><u>Winter</u></b>                             |
| <input type="checkbox"/> Plate                                |  |
| <input type="checkbox"/> Bowl                                 | <input type="checkbox"/> Extra Wool Socks        |
| <input type="checkbox"/> Knife, Fork, Spoon                   | <input type="checkbox"/> Gloves or Mittens       |
| <input type="checkbox"/> Cup                                  | <input type="checkbox"/> Extra Gloves or Mittens |
| <input type="checkbox"/> 11. Toilet Kit                       | <input type="checkbox"/> Long Underwear          |
| <input type="checkbox"/> Soap                                 | <input type="checkbox"/> Wool Hat                |
| <input type="checkbox"/> Wash Cloth                           | <input type="checkbox"/> Extra Wool blanket      |
| <input type="checkbox"/> Towel                                |  |
| <input type="checkbox"/> Toothbrush                           |  |
| <input type="checkbox"/> Toothpaste                           |  |
| <input type="checkbox"/> Comb or Hair Brush                   |  |
| <input type="checkbox"/> 12. Flashlight                       |  |
| <input type="checkbox"/> 13. Pocket Knife                     |  |
| <input type="checkbox"/> 14. Scout Handbook                   |  |
| <input type="checkbox"/> 15. First Aid Kit                    |  |
| <input type="checkbox"/> 16. Compass                          |  |
| <input type="checkbox"/> 17. Watch                            |  |
| <input type="checkbox"/> 18. Hat                              |  |