

Troop 17

Day Trip to Burger's Lake

August 7, 2018

It's a Troop 17 Tradition! CbYH YgXUn]b'5i [i glž we load everybody on 'h Y bus and head out for an afternoon of swimming, swinging, and diving at that little local swimming hole: Burger's Lake.

We will leave from the Harry Male Scout Lodge at 2:00 pm on Tuesday August 7 and return around 8:00 PM.

The cost? Food...\$3 Activities...\$12 Transportation...\$2 Seeing our guys falling all over themselves around the **countless girls....priceless!!** Total Cost....\$17 (how magical!)

GEAR LIST---REMEMBER TO PUT YOUR NAME ON EVERYTHING!!

Shoes and socks—Something to wear on the bus and at the lodge. They must be CLOSED TOE! NO sandals!

Troop Grey T-shirt—Wear to and from the park

Hat—Troop Hat only! Don't have one? They're only \$12. Lost yours? Check lost & found.

Day Pack—To take to the park.

Sunscreen—you must take it out of your bag & put it on for it to work! Chapstick too.

Swim trunks – Keep it decent please

Towel—Wet vinyl seats are hard to sit in. You could use to finish that summer tan too

Money—A few \$\$ to spend at the park

Greencard—Don't leave home without it!

Pen & Paper—For advancement and maybe a phone number or two???

Raingear—Yes, it may rain...it did once.

Troop 17

Activities Permission Slip and Release

Activity ___ Overnight Campout ___ Long Term Camp ___ Hike
 ___ Field Trip Other: day/swimming trip

Destination ___ WR ___ SR2 ___ MC ___ MW ___ CC
 Other: Burger's Lake, 1200 Meandering Rd, 817-737-3414

Departure 2:00 pm 7 August **Return** 8:00 pm 7 August (Scouts will call)

All departures and arrivals will occur at the Scout lodge unless given prior permission.

Aquatics Aquatic activity will / ___ will not be involved.

Activity Fee \$17 Total (\$10 camp fee + \$ ___ equipment fee + \$5 food + \$2 transportation)

Location key : CC – Camp Constantin, Graford, TX 940-779-2131
 MC – McClure Property @WR (On WR Road, before the main gate)
 MW – Mineral Wells State Park, Mineral Wells, TX 940-328-1171
 SR2 – Sid Richardson Scout Ranch, Runaway Bay, TX 940-575-4243
 WR – Worth Ranch, Palo Pinto, TX 940-659-2195

Medical Release and Waiver of Liability

*** Return this portion to your Patrol Leader ***

Boy Scouts of America Troop 17, chartered by St. Stephen Presbyterian Church

I understand that participation in the **activity involves** a certain degree of **risk**. In consideration of the benefits derived and acknowledging the risks both known and unforeseeable, I agree to my son(s) / ward(s) _____ participation in the activity and specifically and irrevocably **waive all claims** and future claims against the leaders, officers, agents, representatives, volunteers, and committee members of Troop 17, the Longhorn Council, Boy Scouts of America, St. Stephen Presbyterian Church, and the sponsor. I further acknowledge the fact that the Boy Scouts of America is an education institution which **requires participants to abide** by applicable **rules and standards**. I have full confidence that every reasonable precaution will be taken to ensure the safety and well being of the participants. In the event of an emergency, the adult volunteer in charge of the scene has my **permission to obtain medical treatment**, including hospitalization, anesthesia, surgery, or injections of medication at the nearest hospital or doctor, at my expense. **Medical providers are authorized to disclose** to the adult in charge examination findings, test results, and treatment provided for the purpose of medical evaluation of the participant, follow-up and communication with the participant's guardian, and/or determination of the participant's ability to continue in the Troop's activity.

Parent/Guardian Signature _____ Printed Name _____ Date _____

Emergency contact numbers _____ Date of participant's last tetanus shot _____

List all participant's medications and dosing instructions: _____

List all participant's allergies, including drug allergies: _____