



**Parent/guardian needs to fill out the last page and return it to the Troop Scribe by:
 November 25th, 2008**

Event: Christmas in the Cabin

Destination: Camp McKinley

Dates: December 5th – 7th, 2008

Meet at: COTL (Church of the Lakes) @ 6:30 PM – a light snack will be provided Friday night – scouts will need to eat prior to departure OR bring something to eat once we are at camp.

Return to: Jackson Middle School @ 11:30

Fees: \$ 20.00 for all meals, camp equipment depreciation, and consumables.

Permission Form and Fees Due: November 25th

Personal Equipment Needed: Winter Camping Gear

Minimum Recommended Personal Gear:

Wear	Backpack		
Clothes appropriate for the weather	Sleeping bag	Ground cloth or small tarp	Sleeping pad
Winter boots	Pillow	Extra Blanket if wanted	Sweat shirt and pants
	Extra Change(s) of clothes	Three pair extra socks (at least)	Mess Kit with Cup/Canteen
Bring	Flashlight	Pocket Knife and Toten Chit	Stocking hat
Dinner for Friday night	Toothbrush and paste	Toiletries	Soap and Washcloth
Sled	Sunscreen		

A note on staying warm

Layers are the key to staying warm during the winter. As you warm up through activity you can take clothes off to keep from sweating too much. Likewise, when you stop you can then add clothes to warm up again. If you get wet, either through sweating or any other way, you will get cold. You must do whatever you can to keep from getting wet. Scouts need to put on dry clothes prior to bed. Wearing wet clothes to bed will pull the heat from your body and you will have difficulties in warming up.

Leader in Charge: Brian Paisley home: 330.529.4013 cell: 330.284.1949 (availability subject to cell coverage in area). In case of an emergency, contact Camp McKinley @ 330.424.0256

Activity Notes/Itinerary:

This weekend we will host any interested Webelos from the Jackson township packs. We will also work on skills necessary for the Klondike derby including but not limited to fire building, rescue throwing, knot tying, team games, and more. Scouts will have the opportunity to stay in tents (for their polar bear) or sleep in the cabin. During the weekend the scouts will also have the opportunity to work on the following requirements. Note: these are the requirements which could be worked on but not necessarily all will be completed.

Tenderfoot 1 – 2 – 3 – 5 – 9 – 11, Second Class 1a – b – 2a – b – f

Troop 921 Campout
Christmas in the Cabin
December 5th – 7th, 2008



Camp McKinley - 37748 Furnace Rd Lisbon, OH 44432

Head east on Fulton Dr NW toward West Blvd NW	4.0 mi 8 mins
Slight right to merge onto I-77 S/US-62 W/Vietnam Veterans Memorial Hwy	2.8 mi 3 mins
Take exit 104 to merge onto US-30 E toward E Liverpool	3.5 mi 4 mins
Take the Trump Ave N/US-30 E exit	0.6 mi 1 min
Merge onto Trump Ave SE/US-30 Continue to follow US-30	2.3 mi 5 mins
Continue on Nassau St E	0.7 mi 3 mins
Continue on Lisbon St E/OH-172 Continue to follow OH-172	25.5 mi 34 mins
Turn left at Furnace Rd/Township Hwy 868 (Follow signs to parking lot)	1.2 mi 3 mins



Troop 921 Activity Permission Slip

Scout Name: _____ Age: _____ Patrol: _____
Scout Name: _____ Age: _____ Patrol: _____
Scout Name: _____ Age: _____ Patrol: _____
Scout Name: _____ Age: _____ Patrol: _____
Adult Name: _____

The undersigned parent or guardian agrees to the following:

1. I am the legal parent or guardian of the Scout named above and I am legally able to give my consent for the Scout to participate in this Troop activity and I hereby give consent.
2. I have read, understand, and accept the included Troop 921 Disciplinary Policy and if determined necessary by Troop Leaders, will provide transportation home for my Scout, at any hour.
3. I understand that certain costs are incurred with all Troop activities (food, reservation fees, etc.). If my Scout should decide not to attend or fail to show up at predetermined departure time, he will forfeit any and all fees incurred during the Troop activity unless notification is made at least 1 week prior to the event.
4. My Scout is in good health and has no major illness or change in his health status since the last Personal Health and Medical History form was submitted to the Troop.
5. I have read, understand, and followed the Troop 921 Medication Policies, as applicable.
6. In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the Troop Leaders to secure proper treatment, including hospitalization or medications for my Scout. (Please list any exceptions.) _____
7. I will make sure my son is present prior to the determined departure time & will be properly equipped and clothed for this activity. Upon return, I will pick him up on time at the location determined.
8. I will work with the Troop Transportation Chair to make sure an adequate amount of drivers and adults will be available to provide transportation for all Troop members. I will do my share by pitching in and contributing to the transportation needs of this Troop.
9. I will accept that the adult leaders of this activity will be acting in the best interest of the Scouts of Troop 921 in accordance with BSA Safe Scouting Guidelines. I agree to hold them harmless for any attempts to do what is in any and all of the participants' best interest.

Parent/Guardian Signature: _____ Date: _____

I am able to assist driving to from both directions

Emergency Contacts: Please provide at least two emergency contacts:

Primary Contact Adult: _____ Phone Number: _____

First Alternate Adult: _____ Phone Number: _____

Second Alternate: _____ Phone Number: _____

Total camp fees of \$ _____

Cash payment of \$ _____

Check Payment of \$ _____ Check number # _____ (payable to Troop 921)

Deduct Payment of \$ _____ from Scout account Parent initials: _____

Received by (Troop Scribe/Leader initials): _____ Date: _____