



**Parent/guardian needs to fill out the last page and return it to your Patrol Scribe by:  
 September 16<sup>th</sup>, 2008**

**Event:** Trailblazers Adventure Day

**Destination:** 7 Ranges 7070 Meter Road NE Kensington, OH 44427

**Dates:** September 26<sup>th</sup> – 28<sup>th</sup>, 2008

**Meet at:** COTL (Church of the Lakes) @ 6:30 PM – a light snack will be provided Friday night – bring something for dinner including a drink. Scouts may bring something to cook over a campfire.

**Return to:** Jackson Middle School @ 11:30

**Fees:** \$ 15.00

**Permission Form and Fees Due:** Due with payment September 16<sup>th</sup>, 2008. Please contact Sebia Crum ([rdelsebia@wmconnect.com](mailto:rdelsebia@wmconnect.com)) for scout account balances.

**Personal Equipment Needed:** Fall Camping Gear  
 Minimum Recommended Personal Gear:

Wear	Backpack		
<b>Clothes appropriate for the weather</b>	Sleeping bag	Ground cloth or small tarp	Sleeping pad
<b>Comfortable shoes</b>	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
<b>Bring</b>	Flashlight	Pocket Knife and Toten Chit	Hat
<b>Equipment for patrol activity</b>	Toothbrush and paste	Toiletries	Soap and Washcloth
	Sunscreen	Bug Spray	Light jacket

**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 7 Ranges @ 330-738-2085

**Activity Notes/Itinerary:**

This campout will center on Trailblazers Adventure Day. This is an activity run by council for Cub Scouts. We will be in charge of a BB gun range for the weekend. The range will be staffed by Brian as the registered range master. Scouts will be teaching safety and assisting the Cub Scouts load and fire the BB guns. Scouts will also be given the opportunity to view and participate in the activities throughout the day. In addition we will be inviting several Webelos dens to the campout. They will be given the opportunity to spend the night with the Boy Scouts. Each patrol will be teaching one scout skill in the evening while the adults prepare dinner.

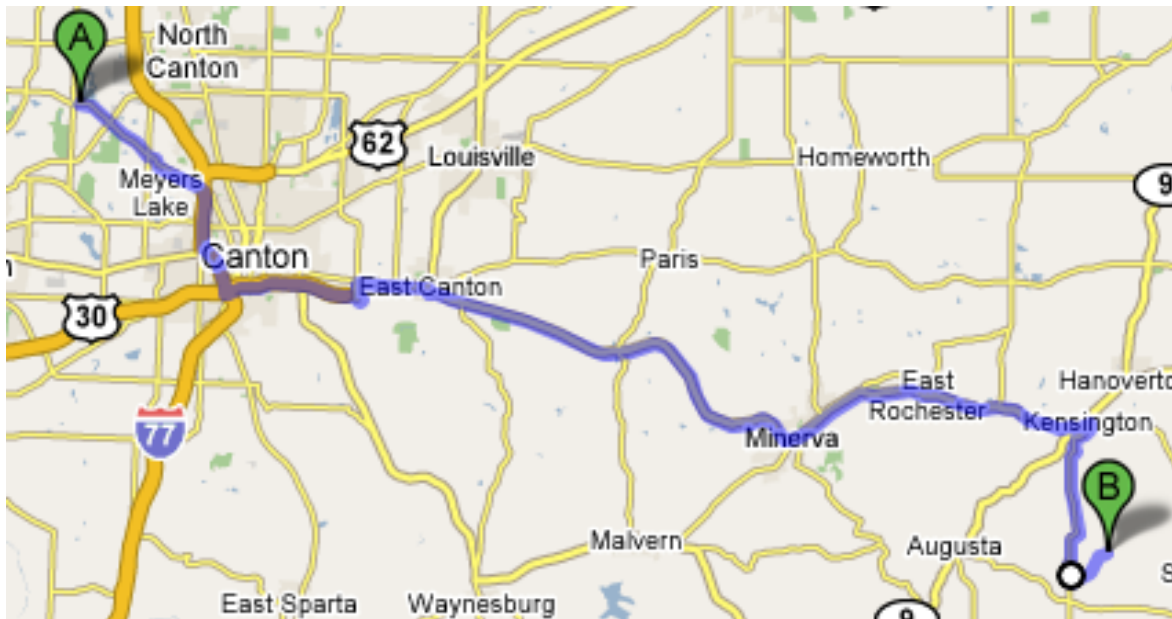
During the weekend the scouts will also have the opportunity to work on the following requirements. Note: these are the requirements which could be worked on but not necessarily all will be completed.  
 Tenderfoot 1 – 2 – 3 – 5 – 9 – 11, Second Class 1a – b – 2a – b – f

**7 Ranges directions:**

Head east on Fulton DR to I77



I77 South to US-30 E toward East Liverpool  
Follow 30 until US 9 turn right  
Turn left at Montgomery Rd (watch for the Boy Scout Camp sign)  
Continue on Bane (watch for the Boy Scout Camp sign)  
Turn left on to Meter road ( 7 Ranges will be on the right)





**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: \_\_\_\_\_