**Troop 216**

**Beaver Dam Campout/Eagle Crest Adventure High Ropes**

**April 9-11, 2021**

**CAMP:** Beaver Dam State Park 14548 Beaver Dam Lane Plainview IL 62685 (217)854.8020 Site: Beavers Den

**ROPES:** Eagle Crest Barn,Lake Williamson Christian Center, 17280 Lakeside Drive Carlinville IL 62626

**PLAN:** Camping on Friday April 9 – depart 5:30pm from First Christian Church. Please arrive 5-5:10pm

Optional High ropes course on Saturday April 10 – 9am to noon, arrive 8:45am at Eagle Crest Barn

End campingSunday April 11 – return to First Christian Church Edwardsville. Scouts will contact parents with anticipated arrival time; no scout leaves until dismissed by Senior Patrol or Adult Leader

**FOOD:**          Eat on own before departure. Troop provides Friday night snack, Saturday meals, Sunday breakfast

**COSTS:** Beaver Dam camping = $25/ Scout or adult High Ropes Course = $25/ Scout or adult

**WEAR:** Class A for transportation to and from is mandatory! Class B for activities and weather appropriate clothing for camping. High Ropes course requires closed-toe shoes and at least mid-thigh shorts, but strongly recommends jeans. No sandals, flip flops, tank tops or shorter shorts

**EMERGENCY CONTACT:** Mark Mason 302.256.8597

**NOTE: Eagle Crest Adventures requires their own waiver/release form, see email attachment**

**Turn in permission slip, the signed waiver, & payment to**

**Ms. Bishopp or Gill by 7:15PM on Monday, Mar 22**

**---------------------------------------Submit bottom portion with payment --------------------------------------**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent’s name) give permission for my son, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) to attend and participate in all activities that are planned.  I also give permission to any medical institution, person, or Scout Leader to render emergency treatment in the event of a medical emergency.  My son is in good health and (circle one) is / is not taking any medications. In the event medications are needed, I will give them to the Leader in the original container with written instructions. Please note pertinent medical information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EMERGENCY CONTACT NAME** | **PHONE #** |  | **RELATIONSHIP** |
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☐ High Ropes- Scout ☐ Camping--own tent ☐ High Ropes- Adult ☐ Camping--Troop tent # needed\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I plan to attend/stay overnight (adult name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indicate plan here ↓ if alternate arrival/departure

☐ I allow my Scout to be driven by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Please transfer from my Scout’s account to cover this activity

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| FOR ACTIVITIES CHAIR:  Rec’d on \_\_\_\_\_\_\_\_  By DG MB | April 9-11, 2021 Beaver Dam Campout $25 / High Ropes $25   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Amount | Cash | Check # | Scout Account | Notes |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |