



Troop 288 Skiing Weekend January 22-24, 2010

Meet: Friday, January 22nd at 6:00 pm, Annandale Reformed Church
Return: Sunday, January 24th around 12:00 noon back at Church
Event: Cabin camping at Camp Acahela and Skiing/Snowboarding at Camelback Ski Resort

Cost: **\$28** (includes cabin rental, cots, and food.
There is additional cost for the snow sports, see rates below.

Skiing/Snowboarding

- Lift Tickets, Open-to-Close - \$38
- Ski/Snowboard rental, - \$28 (Tax Included)
- First Time Package - \$55 (Beginner Slope Only Lift Ticket, Rental, 1-1/2 Hr Lesson)
- All Area Package - \$70 (All Slope Lift Ticket, Rental, 1-1/2 Hr Lesson)
- Group Lesson Only - \$22 (1-1/2 Hr Lesson)
- Helmet Rental - \$11 (Mandatory for Snowboarding, Skiers optional)

Please note – all scouts are expected to take a ski/snowboard lesson. Any scout that is an experienced skier/snowboarder and does not require a lesson will require a separate parental signature to excuse the scout from the lesson.

For additional information about Camelback: www.skicamelback.com

Any questions please call : Rich Seminara @ 437-6057, rvsem@comcast.net

Troop 288 Camping Trip and Snow Sports at Camelback (1/22/10-1/24/10)

Scout Name _____ Phone # _____

_____ I will camp with the Troop: Adult Name(s) _____

Plus cost for Ski/Snowboard package

- Camping Fee _____ x \$28 = \$ _____
 - Lift tickets (Adult – over 18) _____ x \$38 = \$ _____
 - Ski/Snowboard rental _____ x \$28 = \$ _____
 - First time ski/snowboard package _____ x \$55 = \$ _____
 - All area ski/snowboard package _____ x \$70 = \$ _____
 - Group Lesson Only _____ x \$22 = \$ _____
 - Helmet (Mandatory for Snowboarding, Skiers optional) _____ x \$11 = \$ _____
- Late Fee (After January 5th) _____ x \$ 5 = \$ _____

TOTAL : \$ _____

I give my son permission to ski/snowboard without a lesson.

Signature of Parent/guardian _____ Date _____

_____ I can drive scouts

_____ # of EXTRA seats

WE WILL NEED DRIVERS

(Camp Acahela, Blakeslee, PA - 1:15 hour away)

I give my son permission to participate in this campout with his troop.

Known allergies to food, medicine, other _____

Emergency contact #s : _____

Signature of Parent/Guardian:

_____ **Date** _____



ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying permits and should be attached to the flying permit application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at www.scouting.org.

First name of participant and middle initial _____ Last name _____

Address _____ Birth date (month/day/year) ____/____/____ Age during activity _____

Additional address (need street address if you have a P.O. box) _____

City _____ State _____ Zip _____

Has approval to participate in Troop 288 Skiing Weekend @ Blakesdale, PA and Camelback Ski Resort

From Jan 22, '10 to Jan 24, '10
(Date) (Date)
(Name of activity, orientation flight, outing trip, etc.)

- Without restrictions
- Special considerations or restrictions: _____

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Area code and telephone number (best contact and emergency contact) _____ E-mail (for use in sharing more details about the trip or activity) _____

Contact the adult tour leader with any questions:
Name Chris Neighbor
Phone (908) 713-6276 E-mail cgneighbor@comcast.net