

Troop 447 Permission Slip – Jug Bay Camping Trip

Pioneering and Wilderness Survival Skills

Type: **Overnighter**
Start Date: **Friday, March 16, 2018**
Location: **Patuxent River Park
16000 Croom Airport Road, Upper Marlboro, MD 20772**
Activities: **Pioneering, Wilderness Survival, Hiking and Camping**
Departure Date & Meeting Time: **Friday, March 16, 2018, 6:30pm**
Drop-off Location: **Rockville United Methodist Church**
Return Date & Approximate Time and Location: **Sunday, March 18, 2018 at approximately 11:30am
(Auxiliary parking lot across the street from the church)**
Essential Equipment: **Work gloves; work boots/shoes or hiking boots**
Other important information: **We will be OUTDOORS the entire weekend. Dress appropriately.**

EQUIPMENT LIST

Class A Uniform is required
Red Troop Hat
Backpack
Sleeping bag & Ground pad
Warmth layers (synthetic fleece/sweater)
Hiking/work boots/shoes, and sneakers.
Extra socks (and change them!)
Hat/Gloves for warmth
Vittles kit/Mess kit

Ten Essentials:
Pocket knife or multi-tool
First Aid Kit
Extra Clothing – match the weather
Rain Gear
Flashlight
Trail Food
1 liter Water bottle – make sure you fill it
Matches & Fire starter
Sun protection (sun glasses, sun block etc)
Map & Compass

No electronic devices of any kind are allowed except cell phones. Cell phones are only to be used in an emergency. At all other times, phones must be turned off and securely stored with the scouts' personal gear. Phones in use or in sight will be confiscated immediately. The Troop takes no responsibility for any loss or damage. The best policy is to leave the phone at home and enjoy the camping trip.

Scout _____ has my/our permission to participate in Troop 447's **Jug Bay Camping Trip**. I attest that the Scout listed above is in good health and physical condition except as noted on the reverse of this slip. I/We give permission to the Scoutmaster, or his representative, to treat the named Scout with necessary emergency care procedures or to take him to a doctor, hospital or medical clinic for medical treatment should such treatment become necessary in the opinion of the Scoutmaster or his representative. In consideration of the benefits to be derived from this activity, I/we expressly waive all claims against Troop 447, Local and National Councils of the BSA, Rockville United Methodist Church, or their representatives arising from any accident, injury, illness or any other damage that may occur in connection with, or incident to, this trip.

In case of Emergency notify:

Name: _____

Phone Number: _____

Address: _____

Cell Number: _____

Relationship to Scout: _____

Signature: _____

Date: _____