

## Troop 447 Permission Slip – Camping & Whitewater Rafting

Type: **Overnighter**  
Start Date: **Friday, June 16, 2017**  
Location: **Camping-Manidokan Camp (1620 Harpers Ferry Rd, Knoxville, MD 21758)**  
**Rafting-River & Trail Outfitters (604 Valley Road, Knoxville, MD 21758)**  
Activities: **Rafting Hiking, and Camping**  
Departure Date & Meeting Time: **Friday, June 16, 2017, 6:30pm**  
Drop-off & Pick-up Location: **Rockville United Methodist Church**  
Return Date & Approximate Time: **Sunday, June 18, 2017 at approximately 12:00 noon**  
(Auxiliary parking lot across the street from the church)  
Essential Equipment: **Clothes and shoes you can get wet; sun protection; hiking boots**  
Other important information: **We will be OUTDOORS the entire weekend. Dress appropriately.**

### EQUIPMENT LIST

Class A Uniform is required	<b>Ten Essentials:</b>
Red Troop Hat	Pocket knife or multi-tool
Backpack	First Aid Kit
Sleeping bag & Ground pad	Extra Clothing – match the weather
Warmth layers for evening (synthetic fleece/sweater)	Rain Gear
Hiking boots	Flashlight
Extra clothes that can get wet (old sneakers and bathing suit recommended)	Trail Food
Extra towel	1 liter Water bottle – make sure you fill it
Hat for sun protection	Matches & Fire starter
Extra socks (and change them!)	Map & Compass
Vittles kit/Mess kit	<u>Sun protection</u> (sun glasses, sun block etc.)
Sunglasses if desired	
Plastic bag for wet clothes	

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.

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Scout \_\_\_\_\_ has my/our permission to participate in Troop 447's **Camping and Whitewater Rafting 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: \_\_\_\_\_