

Central New Jersey Council
2245 US Highway 130, Suite 106,
Dayton, NJ 08810-2420

TROOP 109

SEMEOS District

Boy Scouts of America
Telephone: (609) 419-1600
Class 1 Medical Form Available:

AGREEMENT FOR EVENT/ACTIVITY

Scout Name _____ Rank _____ Age _____

Address _____

Phone (Home): _____ Phone (Cell): _____

Event/Activity:	Weekend Campout (Cabin Camping & Ski/snowboarding@ Jack Frost Ski Area Blakeslee PA)
Location:	Camp Acahela (Twins Cabin), 1129 Acahela Rd., Blakeslee PA (570) 646-2223
Departure:	Saturday, January 28, 2012, Meet at St. Bartholomew's at 7 AM, depart by 7:30 AM
Return:	Sunday, January 29, 2012, Return to St. Bartholomew's no later than 6:00 pm
Fee:	Estimated cost \$ 30.00 plus cost of skiing. Bring lunch for Saturday or buy at Jack Frost.
Food:	Saturday night & Sunday food included.

SCOUT'S AGREEMENT TO CODE OF CONDUCT

- I, the Scout, agree to behave in accordance with the Scout Oath, Law, motto, slogan, and Outdoor Code.
- I will follow the instructions of adult or junior leaders.
- I will not be disruptive and will show the attention and respect towards others that is expected of me as a Scout.
- I will consider the feelings of others and not do anything either physically or verbally, that will make them feel uncomfortable or put them in a situation in which they feel threatened.
- I will respect the property of others and not steal nor damage anything that does not belong to me.
- I will show respect for our location and for others by keeping my personal area clean as well as offering to help clean group areas.
- I will not litter, will respect wildlife and will minimize the impact of camping and hiking on the environment.
- I will not take any action nor bring along anything that could be dangerous to me or others.
- I will observe the rules concerning the Youth Protection program and the "buddy system".
- I will bring to the attention of an adult leader or senior patrol leader any situation that I am not comfortable with and not take matters into my own hands.
- I will notify the Scoutmaster staff at least 2 days before the beginning of the event if I cannot attend, or share in troop expenses.

I understand that if I do not follow the rules outlined above that a call may be placed to my parents and that they will have to immediately remove me from the event I am part of. A meeting will then take place with my parents present to discuss my future troop participation.

X _____ Date: _____
(Scout's Signature)

PARENT/GUARDIAN'S AGREEMENT AND ACKNOWLEDGEMENT OF CODE OF CONDUCT

- I, the parent/guardian of the above named Scout understand that my son will be attending this scheduled event/activity experience with my full knowledge and permission. He may participate in all activities except as I may stipulate in writing to the leader in charge.
- Further, if in the judgment of the Scout leadership in charge, it becomes necessary to send my son to a nearby hospital, physician, or dentist for diagnosis or treatment they have my full permission to do so.
- Therefore, I give my full permission for my son to participate in all activities except as I may have excluded in writing and I give my full permission to the medical attendant in charge, to hospitalize, secure anesthesia, or to order injections or surgery for my son should the need arise and I as parent/guardian will assume full responsibility for such arrangements including payment of expenses incurred thereby and shall indemnify and hold harmless the Central New Jersey Council, Inc., its servants, agents or employees from any and all liability with respect thereto.

Name of Insurance carrier _____ ID # _____

X _____ Date: _____
(Parent/Guardian's Signature)

Please indicate below if you can help with transportation:

I can drive to and/or from the event and can carry passengers in addition to myself and my son.

TROOP EMERGENCY PHONE NUMBER (917) 881-9687 Leo Fitzgerald or (201) 433-4433 Paul Koft