



**BOY SCOUT TROOP 965
ACTIVITY ANNOUNCEMENT/PERMISSION SLIP**

Activity: Troop 965 40-Mile Bike Shakedown Trip
Location: Lums Pond State Park, 1068 Howell School Road, Bear, DE
(<http://www.destateparks.com/lpsp/lpspmap.htm>)

Departing Location: Lums Pond State Park **Date:** Saturday, May 20th, 2006 **Time:** 8:00am
Returning Location: Lums Pond State Park **Date:** Sunday, May 21st, 2006 **Time:** 11:00am

Adult Leaders: Jack Hoy Jorge Guzman Ron Querns Susan Beatty other leaders

Notes: Eat breakfast before arriving! Bring bag lunch in day pack as well as drinks for the trail. Parents need to transport scout, bike and gear to/from Lums Pond State Park, DE (easy 30-minute drive). This 40-mile bike shakedown trip is mandatory for all scouts participating in the C&O Canal bike trip in Aug and for the Cycling merit badge. Dress appropriately for the weather. Bring water bottle, attached to bike frame. Bicycle helmet must be worn at all times while riding. Bicycle/rider must pass safety equipment inspection (brakes, bell/horn, properly-inflated tires, etc.). Adults going to C&O trip are strongly encouraged to participate. Adults needed as supervisory cyclists and as drivers for safety escort, road service, safety support, water, etc. All participants must abide by all bicycle safety rules of the road.
Activity cost is: \$8.00 per Scout plus Patrol food.

Please detach and return the permission slip below by:
THURSDAY, MAY 18, 2006 – AND NO LATER!

Check Troop website (www.troop965.org) for any late-breaking news.

Detach here, return lower section, and keep above handy for reference.



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I hereby give permission for _____ to attend the Scout activity from Saturday, May 20th, 2006 at 8:00am to Sunday, May 21st, 2006 at 11:00am at Lums Pond State Park, DE. (<http://www.destateparks.com/lpsp/lpspmap.htm>)

PERMISSION SLIP MUST BE TURNED IN BY MAY 18, 2006 - NO EXCEPTIONS!

IN CASE OF EMERGENCY, I understand that reasonable effort will be made to contact me. If I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medication for my child. I also understand that I am financially responsible for all medical treatment rendered.

Health Insurance Co: _____ **Policy Number:** _____

During this Scout activity, I can be reached at _____ Phone: _____

An alternate (who will accept collect calls) is: _____ at _____, Phone: _____

Please list (on back) any medical condition, which should be made know to the adult leaders in charge or to medical personnel in attendance in the event of an emergency treatment. If your child is required to take medication during this activity, please note on back and discuss this with the group leader.

Signed by Parent or Legal Guardian: _____ **Date:** _____

I can help: Supervisory cyclist – yes / no Car escort/road service/safety support – yes / no

Activity cost: \$ 8.00 per Scout x _____ Scout(s) = _____ Amount Due (Total)

NOTE: PATROL FOOD IS EXTRA COST!

Check (payable to: **Troop 965 BSA**) \$ _____ **Cash** \$ _____ **Received by:** _____

From Scout Account \$ _____ → **Approved by Troop Treasurer** _____