

Troop 53 Camping Activity

Whitewater Rafting

Friday, June 19th to Sunday, June 21th

Summary:

We're going whitewater rafting! We'll be running the Lehigh River Gorge on a 5-hour rafting expedition. This will be a dam release weekend so the water should be running strong and rapids fun. We'll be camping at Hickory Run State Park near White Haven, PA-- approximately a 2 ½ -hour drive from Kennett Square.. Our river trip will last from 10:00 am to 3:00 pm and cover 12 to 14 miles with Class II and III rapids.

This is an adventure you'll never forget!

Skills, Advancement Opportunities, Special Information:

No prior whitewater experience is necessary! But, you will get wet!!. Trip sign-up deadline is **June 10th!**

Departure Date/Time/Place/Uniform:

FRIDAY, June 19th, 2009

Meet at **5:00 AM SHARP** (Depart 5:30 AM)

Troop 53 Scout House

Class "B" Uniform (NO Exceptions!)

Return Date/Time/Place/Uniform:

SUNDAY, June 21th, 2009

Arrive back at **11:00 AM**

Troop 53 Scout House

Class "B" Uniform (NO Exceptions!)

Transportation:

Adult leader/ parent cars

Trip Cost (Food, Boats, Campsite):

\$40 for Scouts

\$20 for Adults

Meals Provided:

Friday Dinner

Saturday Breakfast

Sunday Breakfast

Saturday Lunch

Saturday Dinner & Snack

Personal Equipment Notes:

Bring sleeping bag & air mattress for tent camping. **Don't forget sunscreen, wide-brimmed hat, sunglasses, strap for holding glasses on head, insect repellent, dry change of clothes, and old sneakers!** These items will make a BIG difference in your comfort and overall enjoyment of the trip!

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Parent/Guardian consent is required. NOTE: Deadline for sign-up is Wednesday, June 10th

Yes, I will attend! My name is: _____

Parent/Guardian Information:

I can attend and drive (circle one) **YES** NO

If YES, I have seats for _____ people, including my son and me.

If NO, you **must** provide an emergency contact number: Home #: _____ Cell #: _____

Please ensure that my son takes the following medications while on this trip: _____

I give consent for the adult leaders of Troop 53 to act on my behalf should emergency medical treatment become necessary for my son while he is in their care on this trip. I understand that the purpose of the treatment is to stabilize my son's medical emergency and may entail such measures as stitches, x-rays, and other emergency procedures administered by trained emergency personnel. I understand that an adult leader will attempt to contact me as soon as possible in the event of an emergency and that I will be involved in all decisions from the time I am reached. Should I be unavailable at the emergency number provided above, I, again, state, and by signing below, give my consent for the adult leaders of Troop 53 to act on my behalf in the provision of emergency care for my son.

Parent/ Guardian Signature: _____ **Date:** _____