



Boy Scouts of America
Great Smoky Mountain Council
Tuckaleechee District
Troop 81



OUTING TRIPLIST

What: **Virginia Creeper cycling trip**

When: **April 12-14**

Where: **Damascus, Virginia**

Permission slip and \$ due: **Monday, April 8**

The Virginia Creeper cycling trip is open to all family members. This is a great trip for a family to share with your Scout. We have reservations to camp in downtown Damascus. There are restrooms and showers, bring flip flops or other shoes.

Departure: Friday – April 12th – Meet at the church at 4:00 pm

Have sack meal for Friday dinner.

Be on time: We are departing the church at 4:30.

Travel distance is 130 miles – 2 hr 45 min Drive time

Pack most of your gear in a backpack.

We are NOT bringing dump camping gear. No tables, no tarps, etc.

Return: Sunday – April 14th between 12:30 pm and 1:00 pm.

We will call parents as we get close to Maryville.

Cost: \$25.00 per person if you bring your own bike (Local Bike Rental =\$27.00)

The trip fee includes camping fee, Saturday Breakfast, Lunch, Dinner & Sunday Breakfast and gas money for the drivers.

Additional costs include: food, snacks, consider extra for snacks on the ride home, etc. Local Bike shop to make bike reservations **(276) 475-6262**

Meals: Backpack style cooking in groups of 4 or less for Saturday breakfast and Packed Sandwich, chips, fruit for lunch on trail.

Individual Special Equipment: Bike, helmet, and water bottle on your bike, chair

Group Special Equipment: Bungee cords, Locks, Spare tube and air pump

Fees and registration must be returned to the Scribe by April 8th.

For more trip info call: Charles Brinkley 865-604-9260



ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at www.scouting.org/forms.

First name of participant and middle initial _____ Last name _____

Address _____ Birth date (month/day/year) ____/____/____ Age during activity _____

Additional address (need street address if you have a P.O. box) _____

City _____ State _____ Zip _____

Has approval to participate in _____
(Name of activity, orientation flight, outing trip, etc.)

From _____ to _____
(Date) (Date)

Without restrictions

Special considerations or restrictions: _____

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Area code and telephone number (best contact and emergency contact)

Email (for use in sharing more details about the trip or activity)

Contact the adult tour leader with any questions:

Name _____

Phone _____ Email _____