

Outing Triplist

What: Frozen Head State Park Overnight Hiking Trip

When: March 23 – 24, 2019

Where: Frozen Head State Park

Hike up Chimney Tops Trail (7.2 m) 1,000 ft + elevation climb
Set up camp at Tub Springs Group Camp Site
Hike Down Panther Branch (3.6 m) to view waterfalls

Time: Depart FUMC Lot 8 am Saturday March 23
Return FUMC Lot 4 pm Sunday March 24

Deadline: Forms and payment Due Troop Meeting March 4th

Transportation: Church Van & ASM Pick up with gear

What to Bring: See Winter Backpacking Checklist

Meals: Patrol Meal Plans coordinated by scouts who need to earn requirement

Sat Lunch – Snack – Dinner
Sun Breakfast – Snack - Lunch

Cost: \$25 for food, transportation, Camping Fee

Event Coordinator: David Topor 865-441-1794 - topor.dj@gmail.com

Special Notes: This Hike will fulfill several advancement requirements for Merit Badges and Rank Advancement. Participation is strongly encouraged. Participants will be encouraged to pair up with tent partners to share the load. Meal groupings will be established for menu planning and distribution of equipment and supplies. Please pre pack with adult supervision several days prior to trip. Plan on Rain and cold

Need to commit ASAP to sign up for Cooks (4)

1 each - Axe Yard Chief Fire Master Bear Bag wrangler Water Boy

Troop 81
WINTER HIKE EQUIPMENT CHECKLIST

OUTDOOR ESSENTIALS

- First Aid Kit
- Matches
- Firestarter
- Map
- Compass
- Flashlight w extra batteries
- Pocketknife (Knife in pocket)
- Whistle, (Whistle around neck)
- Extra Clothes.
- Extra Food (trail snacks)
- Water Bottle
- Lip Balm
- Emergency Kit

EATING UTENSILS

- Frisbee/paper plate
- Hot Cup
- Fork & Spoon

SLEEPING GEAR

- Winter Bag in W/P stuff sack
- Foam Sleeping Pad

HIKING GEAR

- Backpack with:
 - Hip Belt
 - Pack Cover / Plastic Bag
 - Straps for sleeping bag
 - Carabineer or rope loop
- Hiking Stick

MISCELLANEOUS ITEMS

- 50 foot nylon cord
- 4 clothes pins

CLOTHES

- One Complete Change per day
- Extra Socks
- Jacket
- Gloves
- Cap or Toboggan
- Poncho

TOILETRIES

- Toothbrush & Paste
- Hand Towel
- Motel Soap in Baggy
- Toilet paper in Baggy

TENTAGE

- Nylon tent with:
 - Rain Fly,
 - Poles & Stakes
 - W/P Ground Cloth

IMPORTANT!

Make room in your pack for
your share of patrol food
and patrol equipment.



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 _____