

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

Outing Triplist

What: Advancement Camp

When: January 21st thru 23rd 2022

Where: Camp Tipton in Maryville (See direction below)

Arrive: Arrive at Camp Tipton by 7:00 PM on Friday, January 21

Depart: Pick up by parents at 9:30 AM on Sunday, Jan 23

Deadline: Permission Slips and Money due Monday, January 17

Cooking: Adult Leader Cooking

Cost: \$25.00

Uniform: BSA winter uniform

What to Bring: See attached checklist

Directions to Camp: Travel Highway 411 South (toward Greenback), Turn left on Highway 129. Turn left on Walker School Road. Camp Tipton is on the right.

Event Coordinator: Tim Collins / 865-231-0069 / slisher@gmail.com

IMPORTANT: Parents are responsible for transportation during this outing.

NOTE

We will be sleeping indoors on the floor of the heated gymnasium at Camp Tipton so a heavy winter bag is not necessary. However, a sleeping pad is recommended. Meals will be prepared by the adult leaders in the facility's kitchen. No meal Friday evening, so eat before arrival. Restrooms are available in the gym. Some activities will take place outside so dress accordingly!

Troop 81

WINTER CABIN EQUIPMENT CHECKLIST

OUTDOOR ESSENTIALS

- First Aid Kit
- Poncho
- Compass
- Flashlight
- Pocketknife
- Whistle
- Water Bottle
- Lip Balm]
- Emergency Kit

EATING UTENSILS

None Required

SLEEPING GEAR

- Sleeping Bag
- Pillow
- Sleeping Pad

CLOTHES

- One Complete Change
- Extra Socks
- Jacket
- Gloves
- Cap or Toboggan

WEAR YOUR SCOUT UNIFORM

TOILETRIES

- Toothbrush & Paste
- Towel
- Soap
- Hair brush or comb

TENTAGE

None Required

MISCELLANEOUS ITEMS

- Scout Handbook
- Scout Notebook
- Pen & Paper



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 _____