

Troop 539 Activity Sheet

Activity: Cabin camping at Schiff Scout Reservation
(Kniffs cabin - near Hickox dining hall - see map)
1606 Wading River Manor Road, Wading River

From Date: Friday, December 17, 2010

Troop will meet: WTR Middle School parking lot at 6:00 p.m. (Leave 6:20 pm sharp)

To Date: Sunday, December 19, 2010

Pick up at: 10:00 a.m.

Activities: We will be hiking to the site (Kniffs cabin) - less than a mile
Orienteering on Saturday

Meals: Bag lunch needed for Saturday, troop cooking for all other meals

Approximate cost: \$10 plus cost of food

Make sure you bring: Roll mat (sleeping on cots without mattresses)

Mess kit with metal utensils, a cup

Scout handbook

Compass

Day pack

Bag lunch for Saturday

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## Directions to Schiff

Get on the Long Island Expressway (I 495) eastbound to exit 69.

At the end of the exit ramp, turn left (north) on Wading River - Manor Road and go 5 miles. You will cross NY 25 and continue North.

Look for the camp entrance on the right (just past a trailer park on the right and about 1/8 of mile past a large white church on the left.

(Go to website: <http://www.troop539kingspark.org/forms.aspx>)

click on “Schiff Scout Camp, Wading River” for map of camp and cabin location.)

**PLEASE NOTE: YOU ARE NOT 'COUNTED IN' UNTIL  
YOU RETURN THIS FORM TO NICK (SPL)**

**DUE ON TUESDAY, NOVEMBER 30**

## Activity Consent Form and Approval by Parents or Legal Guardian

Scout Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age during Activity \_\_\_\_\_

Has approval to participate in: Schiff cabin camping

Dates: From December 17 to December 19, 2010

Without Restrictions

Special Considerations or Restrictions: \_\_\_\_\_

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release 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 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 participants parents or guardian, and/or determination of the participants ability to continue in the program activities.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ I can drive scouts to Schiff Scout reservation in Wading River on Friday at 6 pm.

My car has \_\_\_\_\_ seats with seat belts.

\_\_\_\_\_ I can pick up scouts at 11 am at Schiff and bring them home.

My car has \_\_\_\_\_ seats with seat belts.

\_\_\_\_\_ I cannot drive my scout. He will ride with \_\_\_\_\_

(driver's name).