

Troop 219 Informational Handout

(www.troop-219.org or www.troop219.org)

- **High Adventure Hike / Troop Campout / Court of Honor**

- **Dr. Waters' property 13229 White Lake Road, Fenton -- JUNE 14 & 15, 2002**

Summer camp is coming up. This is what used to be our summer camp shakedown campout. This year, there will be several events going on at the same time. Separate permission slips are attached; depending on which event(s) you'll be attending. No permission slip is required if you are ONLY attending the Court of Honor on Saturday night. Permission slips and money are due at the final troop meeting, June 10th.

If you are planning to attend the high adventure trip, make sure that you are at the **Church on Friday night at 5:00 PM**, having eaten dinner; with all your gear in your pack, prepared to hike to Dr. Water's property, along with a separate hike on Saturday.

If you're planning to attend summer camp, but not planning to attend the high adventure trip, be **dropped off at Dr. Waters' house by 6:00 PM Friday** night having eaten dinner. On Saturday, we'll work on making sure that all equipment is in order and that patrol duty rosters work. In addition, we'll prepare dinner for our guests and for the Court of Honor that night. **Scouts will be released from camp at the end of the Court of Honor Saturday night.**

- **Court of Honor SATURDAY JUNE 15, 2002**

The final Court of Honor for this Scout year will begin at 8:00 PM on Saturday, June 15, 2002 at the pavilion on Dr. Waters' property. There are a variety of awards, merit badges, rank advancements, and presentations to make. ALL SCOUTS and their families are invited and encouraged to attend, even if you are not planning on attending summer camp and do not attend the campout that precedes the Court of Honor. ***All Scout families are invited to dinner with the troop Saturday night, beginning at 5:00PM.***

- **Summer Camp**

The orientation/parent meeting for summer camp is scheduled for Monday night, June 24th 7:00 PM at the Church. Parents of scouts who are attending summer camp should be at this meeting for important information, forms, questions, etc. Attached to this handout are copies of summer camp paperwork for you to begin the process of preparing your daily schedule. Scouts must also consider required jobs from your patrol duty roster in making your schedule – see your individual patrol leader about any potential conflicts.

Scouts with any questions about summer camp, their camp program schedule, etc may find significant assistance from the experience of the troop junior leaders; and troop adult leaders are always available to assist you in this process.

- **Scoutmaster Junior Leader Training**

This is scheduled for Saturday, June 8, at the Presbyterian Church and will be in combination with the junior leaders of troop 212. **Training starts PROMPTLY at 9:00AM** and is usually over by 2:00 PM. All elected junior leaders (SPL, Patrol Leaders) must attend and all appointed junior leaders as well as troop Scouts are welcome to attend.

- **Final Troop Meeting / PLC Annual Planning Meeting**

The last regular troop meeting of this Scout year is next Monday, June 10th. The following Monday will be dedicated to a Patrol Leader's Council Meeting ONLY, to plan the troop program calendar for the 2002 – 2003 troop year. All elected Junior Leaders MUST attend this meeting or **make sure** that their assistant attends in their place. Each Scout must make sure that your Patrol Leader knows what activities you want on the calendar so they can properly represent you. Scouts may attend this meeting, but only Patrol Leaders have a vote on the council.

- **Troop Committee Meeting**

The next troop committee meeting is Wednesday, June 19, 2002 at 7:00PM at the church.

Larry Zimble
Scoutmaster-Boy Scout Troop 219

Troop 219
HIKE / High Adventure Prep Campout
June 14th through June 15th, 2002
PERMISSION SLIP & HEALTH FORM
(RETURN THIS FORM - with \$20.00 Payment Monday, June 10, 2002)
a \$50 payment toward the High Adventure Trip is due that date also

REGISTRATION: Adult or Scout's Name _____

Method of Payment: Individual's Account _____

Check Amount and Number _____

Cash _____

_____ (name) has my permission to attend the Troop High Adventure Campout at Dr. John Waters' property in Fenton. I understand that I am responsible for transportation. Scouts should be dropped off at the First Presbyterian Church by 5:00PM, having eaten dinner, on Friday June 14, 2002. Scouts must have full hiking gear including tent, sleeping bag & pad, food & gorp. Pickup at Dr. Waters house (13229 White Lake Road) approximately 9:00PM Saturday night.

You should have dinner prior to being dropped off on Friday evening.

In the event of an emergency, and I cannot be reached by telephone or other reasonable means, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injections, surgery and do whatever appears medically necessary for my child.

Medical Insurance Company: _____

Medical Insurance Numbers: _____

Allergies or other medical information: _____

Signature of Parent or Guardian: _____ Date- _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Tel. No: () _____ Alternate Tel. No: () _____

Person to contact in an emergency if parent/guardian cannot be reached:

Name: _____ Relationship to Scout: _____

Telephone Number: () _____

SPECIAL HEALTH OR DIETARY NOTES UPDATE BY PARENT/GUARDIAN:

Troop 219
Pre-Summer Camp Campout
June 14th through June 15th, 2002
PERMISSION SLIP & HEALTH FORM
(RETURN THIS FORM - with \$20.00 Payment Monday, June 10, 2002)

REGISTRATION: Adult or Scout's Name _____

Method of Payment: Individual's Account _____

Check Amount and Number _____

Cash _____

_____ (name) has my permission to attend the Troop Pre-Summer Camp Campout at Dr. John Waters' property in Fenton. I understand that I am responsible for transportation. Scouts should be dropped off at Dr. Waters' property by 6:00PM, having eaten dinner, on Friday June 14, 2002. Scouts should bring gear roughly equivalent in type (but not quantity) to what will be brought to summer camp. Pickup at Dr. Waters house (13229 White Lake Road) approximately 9:00PM Saturday night, after the troop Court of Honor.

You should have dinner prior to being dropped off on Friday evening.

In the event of an emergency, and I cannot be reached by telephone or other reasonable means, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injections, surgery and do whatever appears medically necessary for my child.

Medical Insurance Company: _____

Medical Insurance Numbers: _____

Allergies or other medical information: _____

Signature of Parent or Guardian: _____ Date: _____

Address: _____

Home Tel. No: () _____ Alternate Tel. No: () _____

Person to contact in an emergency if parent/guardian cannot be reached:

Name: _____ Relationship to Scout: _____

Telephone Number: () _____

SPECIAL HEALTH OR DIETARY NOTES UPDATE BY PARENT/GUARDIAN:

Troop 219
HIKE/ High Adventure Prep Campout
June 21st through June 23rd, 2002
PERMISSION SLIP & HEALTH FORM

**(RETURN THIS FORM - with \$30.00 Payment Friday, June 15, 2002)
a \$50 payment toward the High Adventure Trip is due that date also**

REGISTRATION: Adult or Scout's Name _____

Method of Payment: Individual's Account _____

Check Amount and Number _____

Cash _____

_____ (name) has my permission to attend the Troop High Adventure Campout at Dr. John Waters' property in Fenton. I understand that I am responsible for transportation. Scouts should be dropped off at Dr. Waters' house (13229 White Lake Road) by 5:00PM, having eaten dinner, on Friday June 21, 2002. Scouts must have full hiking gear including tent, sleeping bag & pad, food & gorp. Pickup at Dr. Waters house approximately 11:00AM Sunday morning.

You should have dinner prior to being dropped off on Friday evening.

In the event of an emergency, and I cannot be reached by telephone or other reasonable means, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injections, surgery and do whatever appears medically necessary for my child.

Medical Insurance Company: _____

Medical Insurance Numbers: _____

Allergies or other medical information: _____

Signature of Parent or Guardian: _____ Date- _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Tel. No: () _____ Alternate Tel. No: () _____

Person to contact in an emergency if parent/guardian cannot be reached:

Name: _____ Relationship to Scout: _____

Telephone Number: () _____

SPECIAL HEALTH OR DIETARY NOTES UPDATE BY PARENT/GUARDIAN:

