

Troop 17

2024 Schlitterbahn Campout

Canyon Lake, Texas

September 6-8, 2024

This month we head to the Hill Country to experience one of the world's oldest water parks. Schlitterbahn was built along the banks of the Comal River in New Braunfels and it has been enjoyed by generations of Texans. It is consistently rated the number one water park in the country! We will be camping at Canyon Lake. Scouts - Don't miss the fun of this popular Troop 17 tradition.

DEPARTURE INFORMATION:

Uniform: Full Class A
Location: Harry R. Male Scout Lodge
Time: 5:30 pm – Friday (we leave as soon as we are loaded – please don't be late)
Dinner: Bring a sack dinner (to eat on the drive)

ARRIVAL INFORMATION:

Uniform: Full Class A
Location: Harry R. Male Scout Lodge
Time: Roughly 4:00 pm – Sunday
(Scouts will call or text with a more precise ETA)

****NO CELL PHONES & ELECTRONICS****

We are enforcing a strict no cell phone/ electronics policy. Devices will be taken up and returned on Sunday. Campouts should be a time for the Scouts to go outside and do outside things – to get away from the constant ding of social media notifications. Parents, please help out with this!

GEAR LIST (please put your name on everything)

- Daypack
- Tent & Ground Cloth: only 2 people to a tent.
- Bedroll
- Sleeping pad
- Camp chair for relaxing at camp
- Raingear: always.
- Clothes
 - Swimsuit
 - Long pants
 - Long sleeve shirt
 - Shorts;
 - Socks
 - Underwear;
 - Troop T-shirt;
 - OLD tennis shoes or water shoes (NO flip flops)
 - Camp Shoes: hiking boots work well (no open toe shoes)
 - Hat: Troop hat
- Day Pack: something to carry your stuff to the park
- Sunscreen: no aerosol
- Bug repellent: no aerosol
- Towel: an old grungy one.
- Personal Hygiene Kit: toothpaste & brush, TP, and soap.
- Rope: 50' of parachute cord to practice knots.
- Cup, Plate & utensils.
- Flashlight: with extra batteries.
- Medication: bring it if you need it.
- First Aid Kit.
- Nalgene: one or two (full of water).
- Watch: waterproof, to keep track of time
- \$\$ to spend at the park or for snacks on the trip home. We will stop at Buc-ee's for lunch
- Greencard: for advancement – don't leave home without it!

Troop 17

Activities Permission Slip and Release

Activity ___ Overnight Campout ___ Long Term Camp ___ Hike
 ___ Field Trip ___ Other: _____

Destination ___ WR ___ SR2 ___ MC ___ MW ___ CC
 ___ Other: _____

Departure _____ **Return** _____ (Scouts will call)

All departures and arrivals will occur at the Scout lodge unless given prior permission.

Aquatics Aquatic activity ___ will / ___ will not be involved.

Activity Fee \$ _____ Total (\$ _____ camp fee + \$ _____ equipment fee + \$ _____ food + \$ _____ transportation)

Location key : CC – Camp Constantin, Graford, TX 940-779-2131
 MC – McClure Property @WR (On WR Road, before the main gate)
 MW – Mineral Wells State Park, Mineral Wells, TX 940-328-1171
 SR2 – Sid Richardson Scout Ranch, Runaway Bay, TX 940-575-4243
 WR – Worth Ranch, Palo Pinto, TX 940-659-2195

Medical Release and Waiver of Liability

*** Return this portion to your Patrol Leader ***

Boy Scouts of America Troop 17, chartered by St. Stephen Presbyterian Church

I understand that participation in the **activity involves** a certain degree of **risk**. In consideration of the benefits derived and acknowledging the risks both known and unforeseeable, I agree to my son(s) / ward(s) _____ participation in the activity and specifically and irrevocably **waive all claims** and future claims against the leaders, officers, agents, representatives, volunteers, and committee members of Troop 17, the Longhorn Council, Boy Scouts of America, St. Stephen Presbyterian Church, and the sponsor. I further acknowledge the fact that the Boy Scouts of America is an education institution which **requires participants to abide** by applicable **rules and standards**. I have full confidence that every reasonable precaution will be taken to ensure the safety and well being of the participants. In the event of an emergency, the adult volunteer in charge of the scene has my **permission to obtain medical treatment**, including hospitalization, anesthesia, surgery, or injections of medication at the nearest hospital or doctor, at my expense. **Medical providers are authorized to disclose** to the adult in charge examination findings, test results, and treatment provided for the purpose of medical evaluation of the participant, follow-up and communication with the participant's guardian, and/or determination of the participant's ability to continue in the Troop's activity.

Parent/Guardian Signature _____ Printed Name _____ Date _____

Emergency contact numbers _____ Date of participant's last tetanus shot _____

List all participant's medications and dosing instructions: _____

List all participant's allergies, including drug allergies: _____

My son is bringing his cell phone/screen YES / NO (We will collect when we arrive at camp)