

# Troop 17

## Climbing Campout 2018, Worth Ranch

The Troop is headed to Worth Ranch to spend the weekend at the world famous Worth Ranch Climbing Gardens. Grayson Bogle, will be leading the climbing. Come out for a great weekend of camping, climbing, and fellowship!

Here is a list of what to bring:

Tent (2 people only share a tent) plus ground cloth - organize your tent mate (within your Patrol) before going!

Bedroll - Standard 30 degree bag will be sufficient

Sleeping Pad - a foam pad makes it softer while sleeping

Poncho or Raincoat - it only works if you wear it!

Rope - 50' of parachute cord & maybe a length of rope to practice knots.

Clothes - Extra thick warm pair of socks, extra undies, long pants, long sleeve shirt, handkerchief, Troop T-Shirt, jacket, etc.... (use common sense watch the weather!)

Eating utensils - Cup, Lightweight Plastic plate, knife, fork, spoon

Flashlight -Small w/ extra batteries.

Personal Hygiene Kit -toothpaste, toothbrush, soap, TP (very important), medicines, INHALERS

First Aid Kit - the small kit you always bring, with Band Aids etc.

Sunscreen – works best when applied to your skin

Hiking Boots - well broken in!

Suitable foot wear to climb in!

A Smile - We're gonna have fun!

Full Uniform - Wear your full uniform to and from camp, as always.

Canteen - Full of water is best, empty canteens are good for ?

Hat - Troop hat.

Money - A few dollars to spend if the bus has time to stop and only if you have your full uniform on.

If you want to get off the bus when we stop, then have your uniform on.....the Staff has already heard every excuse in the world why you lost your ?????

Towel – Old

Advancement Card - If you are not Tenderfoot, Second Class, or First Class yet please bring your Greencard

Questions?...Call your patrol leader!

# 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**    5:30 pm 4 May                                    **Return** 3:00 pm 6 May                                    (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**    \$25 Total (\$4 camp fee + \$ \_\_\_ equipment fee + \$17 food + \$4 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: \_\_\_\_\_