



# CAMP ALASKA / SKI 2018 ACTIVITY NOTICE

**LOCATION:** Camp Pioneer

**DATE:** January 12-14 2018.

**SHOW UP AT CHURCH:** 5:00pm Friday Jan 12th

**DEPART:** 5:30, Friday, January 12<sup>th</sup>

**RETURN:** 11:00 Sunday, January 14<sup>th</sup>

**COST:** \$20.00

**DETAILS:** This campout provides your Scout the opportunity to learn valuable survival skills in a winter environment. The first night, Friday, all Scouts will sleep in Cabin. Then, starting Saturday morning, your Scout will spend 24 hours out of doors. He will pack everything in to camp, provide and cook all his meals (breakfast, lunch, dinner) and build his own shelter out of plastic (provided by Troop 154) to sleep in Saturday evening. Sunday morning there will be a hot pancake breakfast in the cafeteria. All Scouts planning to attend this campout must attend meetings in December and January to be prepared for this campout. If the temperature drops below 0 degrees at any time during the 24 hours a special patch will be given.

For those of you who don't want to spend the weekend on a survival like campout we will be offering a x-country ski trek. We will rent the skis at camp and take a 5 mile trip thru camp. We will be staying in the cabin both nights and the troop will provide the food. (Food provided only if you are not doing camp Alaska)

This form must be completed, signed, and returned to Mrs. Howell by Jan 1st, 2018 in order to attend. Our last scout meeting is Dec 18, this is my recommended due date. You may mail them to me as well. No notices will be accepted after Jan 1<sup>st</sup>. If you are unable to meet this deadline, please call Mrs. Howell at (630) 334-8488.

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### Permission to Attend Camp Alaska 2018

Scout's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Will your son be doing Camp Alaska or cabin/skiing? \_\_\_\_\_

Will you attend this activity with your son? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you provide transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many can you transport? #: \_\_\_\_\_

Parent's name attending /driving: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone # during this activity: \_\_\_\_\_

Special Consideration: (Medical condition, Medications, Allergies, Special Foods, etc.) \_\_\_\_\_

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### Waiver of Responsibility

In consideration of the benefits derived and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary and having full confidence that every precaution will be taken to ensure the safety and well-being of my son on this activity, I hereby agree to his participation and waive all claims against the leaders of this activity, and officers, agents, and representatives of the Boy Scouts of America and Troop 154. I also acknowledge that if my son repeatedly misbehaves, I will have to pick him up after receiving a phone call.