



# **WILLISTOWN TROOP 78**

## **ANNUAL WINTER CAMP AND FATHER/SON WEEKEND**

### **AT HORSESHOE SCOUT RESERVATION**

**(Father's attendance is not required for Scouts to attend)**

**DATES:** JANUARY 30-31, 2021

**LOCATION:** CAMP HORSESHOE, RISING SUN, MD.  
Dan Beard Campsite – **tent camping**

**WHAT TO BRING?:** **Plan for cold weather, we will be in tents**  
Bring layers of clothes, at least 4 layers for your upper body  
and 3 layers for your legs  
Sleeping Bag(s) – **recommend you bring two, put one inside the other**  
Sleeping pad (or two)  
Heavy winter coat  
Winter knit hat  
Thermal socks  
Rain or Snow gear  
Winter boots  
Winter gloves and work gloves (two pairs)  
Flashlight  
Toilet Articles  
**Drinking cup**  
Scout Handbook  
Sled?  
**PACK IN a DUFFEL BAG**

**GETTING THERE:** Due to the covid pandemic, each Scout will have to provide their own transportation. Plan to arrive at 8:30 AM on Saturday morning.  
Pick up time on Sunday will be at 9:30 AM.

**ACTIVITIES INCLUDE:**

Scout skill sessions, advancement, Camp tour, scavenger hunt, games, snacks, Campfire and Fun! **Please come prepared for a Camp service project of wood cutting and collecting.**

**HOW DO I RESERVE A SPOT?**

Tell your Patrol Leader by Tuesday January 26th that you will be joining us.  
Food cost is \$20 for adults (collected at camp) and free for Scouts and visiting Webelos (and their dads).

**Dads, we encourage you to join us and see what Troop 78 is all about.**

**Scouts, this is a perfect opportunity to invite a friend or a Webelos in your neighborhood to visit and learn about Scouting and Troop 78!**

**Please dress warm!**

**WHAT IF I HAVE MORE QUESTIONS ? Call your Patrol Leader or Senior Patrol Leader.**

## 2021 Winter Camp PERMISSION SLIP

Please complete and return this page per terms of handout.

Scout name and patrol: \_\_\_\_\_

Adult attendee name: \_\_\_\_\_

E-mail address and phone number: \_\_\_\_\_

Allergies – please indicate any food allergies, dietary restrictions (for religious, medical or social reasons) or other relevant allergies (e.g., bee stings, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

For Troop Reregistered Adults: Make check payable to: "Willistown Troop 78" or Cash

For Non Registered Adults: A copy of your YPT certificate, valid through at least March 30, 2021 must be attached to this form.

I am the parent/legal guardian of the Scout named above, and my signature below constitutes my permission for my son to attend 2021 Willistown Troop 78 Winter Camp Trip. If my son (and/or I) does not attend the trip for any reason, I understand that \$25 will be deducted from his Scout account to reimburse the Troop for expenses incurred. I agree that my son will behave in a responsible manner while on this trip.

For adult attendees: my signature below is my agreement that my remitted payment will be forfeited in the event that I do not attend the trip for any reason.

\_\_\_\_\_  
(parent signature or signature of adult attendee)

### ALSO

**If I am signing for a Scout:** I am the parent/legal guardian of the Scout/guest named above, and my signature below constitutes my permission for my son to attend the 2021 Willistown Troop 78 Winter Camp Trip. By signing this form, I represent that I have read the Troop 78 COVID-19 guidelines found [at this link](#), and commit that the person for whom I am signing this permission slip has also read, understands and will abide by those guidelines. My signature below also authorizes any registered Willistown Troop 78 leader in attendance to obtain medical treatment for my son if, in the discretion of such registered leader, such treatment is warranted. If my child cannot attend the trip for *any reason*, I promise that my son will call both his Patrol Leader and Mr. BILSON (610-547-7934) no later than Jan 29<sup>th</sup> at 8AM.

**If I am an adult attendee:** By signing this form, I represent that I have read the Troop 78 COVID-19 guidelines found [at this link](#), and commit that I understand and will abide by those guidelines. My signature below also authorizes any registered Willistown Troop 78 leader in attendance to obtain medical treatment for me if, in the discretion of such registered leader, such treatment is warranted AND I am not able to grant consent to such treatment, in the opinion of that registered leader. If I cannot attend the trip for *any reason*, I promise that I will call Mr. BILSON (610-547-7934) no later than Jan 29<sup>th</sup> at 8AM.

\_\_\_\_\_  
(parent signature, or signature of adult attendee if submitted by attending adult)

Date of signature: \_\_\_\_\_