



# Boy Scout Troop 39

Matthews United Methodist Church  
801 South Trade Street  
Matthews, NC 28105



## Troop 39 Outing Information December 2017 Annual Troop All Night Lock-out

### Departure

Date/Time: **Friday Dec 8, 2017 6:00 PM**

### Dismissal

Date/Time: **Saturday Dec 9, 2017 7:00 AM**

### Troop Leaders

Leader 1: **Kim Kolb**

Phone: **(813) 334-7354**

Leader 2: **Ed O'Donohue**

Phone: **(704) 576-4932**

**Cost: \$25.00/\$40.00\***

\*Price for Webelos Adults/Boy Scouts/Cub Scouts not currently registered with Troop 39 or Pack 214

**Signup Deadline: Monday November 27, 2017  
[Fall Court of Honor]**

### Description:

It's time for the annual Troop 39 Lock-out/All-Nighter. We'll have a night of fun, food, and friendly challenges! The event will begin at 6:00 PM on Friday Night at the Eagles Nest for dinner and then our patrol games will begin! After that we'll head out to INNER PEAKS for some CLIMBING Activities - **see note about required ON-LINE Release**. After a couple of hours, we will move on to Matthews for some late night bowling.... We will also eat [again] when we return back to MUMC for games and optional movies/relaxation. Scouts will be dismissed and are to be picked up, **SATURDAY MORNING by 7:00 AM SHARP** at Matthews United Methodist Church (front gym entrance facing Trade St.). The cost of the entire evening is only \$25.00 per person after the Troop Committee Stipend and includes all food, drink and activity costs. Uniform Shirt for the Outing is the Troop Class 'C' Blue T-shirts. You will also need to wear comfortable clothes; warm layers are recommended for any outdoor fun. Day packs are encouraged. Tennis shoes are required for the time spent in the gym. Cell phones/Technology devices will **not** be permitted during the troop challenge times or at destinations.

### IMPORTANT NOTE

Everyone **MUST** have a parent visit the following link and fill out the e-waiver in order for your Scout/Webelos to participate in climbing – otherwise your young man will be watching others have fun. **THERE ARE NO PAPER WAIVERS**. If anyone has trouble logging on to complete the waiver, please contact either of the adult leaders listed above. Link to the waiver: <http://www.innerpeaks.com/waiver/>



**Webelos 2 Patrols from visiting Packs must provide continuous two deep Adult Leadership and Transportation per the BSA/Webelos Ratios [5 to 1] for the entire event. Each person attending must fill out a complete Troop 39 permission slip and return to your Cubmaster. Please include your insurance information!**

### Scoutmaster

Ed Joyner  
704.661.4467  
scoutmasterT39@gmail.com

### Charter Organization Rep

David Wheeler  
704.451.1037  
dwheeler27@me.com

### Committee Chair

Joe Culpepper  
704.443.1421  
jculpepper@carolina.rr.com

## Troop 39 DEC 2017 Outing Permission Slip Release and Medical Power of Attorney

To whom it may concern:

I, the undersigned, give my son (or myself), \_\_\_\_\_, permission to attend the ***Annual All Night Lock-out in the Matthews, NC Area*** with Boy Scout Troop 39 per the Outing Information Sheet. I understand that participation in the outing involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child or agree myself to participate in the outing. I understand that participation in this outing is entirely voluntary and requires participants to abide by applicable risk and standards of conduct. I release the Boy Scouts of America, the local council, Matthews United Methodist Church, Troop 39, its Scoutmaster and Adult Leaders from any and all claims or liability arising from participation in this outing. The duration of the release will be from the time I leave my son with the Scoutmaster and/or his staff until the time I pick him up. I relieve all drivers of liability on the trip to or from the outing. I also grant permission for Adult Leaders of Boy Scout Troop 39 to render First Aid and for qualified medical personnel to render emergency medical treatment. In case of an emergency involving my child or myself, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to medical provider selected by the Adult Leader to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child or myself. Medical providers are authorized to disclose to the Adult Leader examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

<p>My son has/I have a unique medical problem of: _____ I will ensure that the proper medication for the duration of the outing will be provided to the designated Adult Leader. My son takes (or I take) the following Medications:  <b><i>NOTE: Please fill out and include a medication card for each medication.</i></b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p><b>Allergies:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bee Stings</td> <td><input type="checkbox"/> Food (list below)</td> </tr> <tr> <td><input type="checkbox"/> Benadryl</td> <td><input type="checkbox"/> Other (list below)</td> </tr> <tr> <td><input type="checkbox"/> Imodium</td> <td rowspan="3" style="border: 1px solid black; width: 150px; height: 40px;"></td> </tr> <tr> <td><input type="checkbox"/> Ibuprofen</td> </tr> <tr> <td><input type="checkbox"/> Tylenol</td> </tr> </table>	<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Food (list below)	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Other (list below)	<input type="checkbox"/> Imodium		<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Tylenol
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<p>Symptoms to watch for are:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p style="text-align: center;">Insurance Information</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Company</td> <td style="border: 1px solid black; background-color: yellow;"></td> </tr> <tr> <td>Policy #</td> <td style="border: 1px solid black; background-color: yellow;"></td> </tr> <tr> <td>Group #</td> <td style="border: 1px solid black; background-color: yellow;"></td> </tr> <tr> <td>Phone</td> <td style="border: 1px solid black; background-color: yellow;"></td> </tr> </table>	Company		Policy #		Group #		Phone	
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***All medical history is up-to-date on my son's/my current medical forms on file with Troop 39 pursuant to BSA policy.***

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Guardian Print Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cost: **\$25/\$40** Paid with:  Scout Bucks  Check  Cash  Troop Payment

If someone other than a scout's parent or guardian will be picking them up from the event, please provide their name.

Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please use the back of this form to list anything else we may need to know about you or your son during this outing.***