

2009 Council Camporee

When: October 16-18, 2009
Where Hibernia Park 1 Park Rd.
Coatesville, Pa. 19320
610-383-3812
Time: First group leaves at 4 pm Oct. 16
Second group will leave at 6:30
Will return together Sunday at 10:30 am
Depart and return to Pennsbury Twp. Bldg

Activities Multiple games, campfire
Games include:
Sports Trivia
Blind man tent raising
Killer Volleyball
Soda bottle rockets
Orienteering scavenger hunt
Stretcher relay
blind mans rope maze
Shooting range
and some others
Campfire
Religious Program



Equipment All standard outing equipment-see our website
Be prepared for cold or warm weather as well as rain

Food: By patrol - If there is to be a food contest, it will be announced at a meeting.

Facilities Water-on site toilet - porta potties
Tables and chairs bring your own, none on our camping site

Sleeping In tents. Bring your own mat and sleeping bag

Cost: \$ 40 for youth and adults
(cost breakdown - \$18 camporee camping fee- Hibernia charges a lot of money to use the entire park - \$19 food 2 breakfasts \$6 1 lunch-\$4 1 Dinner \$7 2 Cracker barrels \$2 and \$3 per person for transportation)

Transportation: **By personal vehicle, We will need volunteers to drive, preferably those who will camp with us, but that is not mandatory. To volunteer as a driver please call Don Burich at (610) 388-0881**

Comments: We have shown at the last two summer camps that we can play games with the best. Lets use all of the talent we have to put forth the effort that our troop demonstrates when it is time for competition.

Parents: Your committee and uniform leaders are very aware of the high cost of everything, in particular the cost of scouting. I can assure you we do our best to control the costs of our program.

Questions: Call Mr. Coe at 484-832-3175 or email smtrp31@comcast.net

**TROOP 31, BSA
CHADDS FORD, PA**

LIABILITY WAIVER and MEDICAL RELEASE

We, the parents/guardians of _____ give our permission for full participation in the **2009 Fall Council Camporee** outing from 10/16/09 to 10/18/09, subject to any limitations noted herein. In the event of illness or accident in the course of this outing, I request that measures be instituted without delay as judgment of personnel dictates.

Allergy to medicines, food, etc.: _____

Any condition requiring special medications or diet: _____

Medication being taken regularly: _____

Special Instructions: _____

Signature of parent/guardian: _____ **Date:** _____

Witness: _____ **Date:** _____
(must be an adult)

In case of an emergency, we can be reached at the following number: _____
Or: _____

My son is covered by the following insurance plan: _____
Policy Number: _____

This liability waiver and medical release must be turned in at time of sign-up for trip and is only good for the outing noted above.

For Drivers:

N.B. Boy Scouts of America requires the following for drivers/vehicles of scout outings and the Troop 31 Committee assumes that anyone volunteering to drive for this trip meets these requirements: Driver is 21 years of age and holds a valid driver's license; the vehicle has a valid registration and current inspection sticker; the vehicle is covered with \$100,000/\$300,000 public liability and \$50,000 property damage insurance; and seat belts are provided for all passengers.

Kind, Year and Make of Vehicle: _____

Total Capacity (# of seatbelts) _____ Trailer Hitch? YES / NO

Driver Name: _____

State and License # _____