## Troop 272 – Minquas District

## THE OLD MILL LOCK-IN AND SKYZONE - JANUARY 8<sup>TH</sup>-9<sup>TH</sup> 2022

**Activity:** Skyzone, pizza, and movies at The Old Mill.

**Scout Drop Off:** Saturday, January 8<sup>th</sup> at 4:30pm at The Old Mill.

**Scout Pick-up:** Sunday, January 9<sup>th</sup> at 8:00am at The Old Mill.

**Cost:** \$20.00 (only if going to Skyzone) *Make checks payable to: Rose Valley Troop 272, BSA* 

What To Bring: Ground pad, sleeping bag, pillow, change of clothes, camp chair, snacks, drinks,

movies (PG-13 and under) and games (deck of cards, Magic: the Gathering, board games...)

**Daily Itinerary:** Saturday 4:30pm Scouts dropped off at The Old Mill

(tentative) 5:00pm Leave for Skyzone 5:30am Skyzone Check-in

5:30am Skyzone Check-in 6:00pm Skyzone Jump

7:00pm Leave Skyzone and return to The Old Mill

7:30pm Dinner

8:00pm Movies and games

11:00pm Lights out

**Sunday** 8:00am Leave for home

**Destination Info:** The Old Mill 9 Old Mill Lane, Rose Valley, PA 19063

**Skyzone** 10 Conchester Road, Glen Mills, PA 19342 (484) 418-1500

Questions: Greg Shelton - (215) 823-9710 – gshelton70@me.com

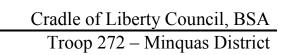
Emergency Contact: Greg Shelton - (215) 823-9710 - gshelton70@me.com

Important Dates: Wednesday, January 5<sup>th</sup> Permission Slip and Money are due

**Thursday, January 6<sup>th</sup>** Parents will receive an e-mail with a hyperlink to

complete the waiver that is required by Skyzone.

Parents – please consider volunteering to help transport Scouts to and from Skyzone.





Trip Destination:	The Old Mill Skyzone	9 Old Mill Lane, Rose Valley, PA 19063 10 Conchester Road, Glen Mills, PA 19342
Dates:	Saturday, January 8 <sup>th</sup> – Sunday, January 9 <sup>th</sup> , 2022	
PARENT'S CONSEN	NT AND AGRE	EMENT
indicated trip. I agree t	that if, in the prop	to participate in the above per judgment of the adult leaders, my son is not acting in at I will be responsible for removing him from the trip.
from 1/8/2022 to 1/9/2	2022 that they dee	eaders to provide any medical care to the above-mentioned Scout em necessary and proper in the case of an emergency. Also, I e earliest convenient time.
treatment to the above	named Scout sho	ority for any hospital and/or health care provider to render medical build treatment be deemed necessary by the medical staff of the I/We further agree to be completely responsible for any bills or cal care.
Parent	t's Signature	
SCOUT'S PROMISE	E	
	tdoor Code. I acl	romise to behave in a safe and responsible manner and to adhere to knowledge that my parent(s) will be called to remove me from the
Scout'	's Signature	
PARENT / GUARDI	AN ATTENDAN	NCE AND TRANSPORT
gear, have read the Tro	oon's Chanerone	plans on attending and can transport Scouts and their Policy and will abide by it during the entire trip.
☐ By checking this background checks		my BSA Youth Protection training and all required PA state are current.  Signed
		Signed
SCOUT INSURANC	E INFORMATI	ON ***ONLY IF CHANGED***
Name		
Medical Insurance Cor	mpany _	
Policy #		Group #
Emergency Contact:	Name& phone #	#
	Name & phone	#

Please list any medication(s) that the Scout is currently taking and any allergies: