



THE OLD MILL LOCK-IN AND SKYZONE - JANUARY 8TH-9TH 2022

- Activity:** Skyzone, pizza, and movies at The Old Mill.
- Scout Drop Off:** Saturday, January 8th at 4:30pm at The Old Mill.
- Scout Pick-up:** Sunday, January 9th 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:**
(tentative)
- | | | |
|-----------------|---------|--|
| Saturday | 4:30pm | Scouts dropped off at The Old Mill |
| | 5:00pm | Leave for Skyzone |
| | 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 5th** Permission Slip and Money are due
- Thursday, January 6th** 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** 9 Old Mill Lane, Rose Valley, PA 19063
 Skyzone 10 Conchester Road, Glen Mills, PA 19342

Dates: Saturday, January 8th – Sunday, January 9th, 2022

PARENT’S CONSENT AND AGREEMENT

I hereby grant permission for my son, _____ to participate in the above indicated trip. I agree that if, in the proper judgment of the adult leaders, my son is not acting in accordance with the promise below, that I will be responsible for removing him from the trip.

I hereby grant permission to the adult leaders to provide any medical care to the above-mentioned Scout from 1/8/2022 to 1/9/2022 that they deem necessary and proper in the case of an emergency. Also, I understand that I will be contacted at the earliest convenient time.

This document shall also serve as authority for any hospital and/or health care provider to render medical treatment to the above named Scout should treatment be deemed necessary by the medical staff of the facility or the adult leaders on the trip. I/We further agree to be completely responsible for any bills or payments that occur in providing medical care.

Parent’s Signature _____

SCOUT’S PROMISE

While on the above-mentioned trip, I promise to behave in a safe and responsible manner and to adhere to the Scout Law and Outdoor Code. I acknowledge that my parent(s) will be called to remove me from the trip if I do not keep this promise.

Scout’s Signature _____

PARENT / GUARDIAN ATTENDANCE AND TRANSPORT

_____ plans on attending and can transport __ Scouts and their gear, have read the Troop’s Chaperone Policy and will abide by it during the entire trip.

By checking this box, I affirm that my BSA Youth Protection training and all required PA state background checks and clearances are current.

Signed _____

SCOUT INSURANCE INFORMATION

*****ONLY IF CHANGED*****

Name _____

Medical Insurance Company _____

Policy # _____ Group # _____

Emergency Contact: Name& phone # _____

Name & phone # _____

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