**ROSE VALLEY TROOP 272, BSA**

 **Elk Mountain Ski Trip 2023**

**Trip Destination: Elk Mountain Ski Resort, Pleasant Mount, PA**

**Activity: Downhill Skiing. Stay in Picnic Lodge**

**Departure: Friday, February 24, 2023** @ 6:15 pm at the PIT parking lot.

 (It is about a 2 - 3/4-hour ride to Elk Mt.)

**Return: Sunday, February 26, 2022** @ ~ 10:00-10:30 am at the PIT parking lot.

 (C*all your parents on our way home for pickup*)

**Lodging:** The Troop will be staying Friday and Saturday nights in the Picnic Lodge above the upper Elk Mountain parking lot. Limited to 30 people. It is heated and also has a large fireplace. We will be sleeping on picnic tables so **bring your sleeping bag, ground pad and pillow**. There are bathrooms, with cold water only, downstairs. We can park next to the Picnic Lodge at night, but vehicles must be parked in the upper parking lot from 7:30 am to 5:30 pm.

 Some families may want to rent a hotel room in Clarks Summit or come up Saturday morning.

**Meals:** **Bring money** to buy your own breakfast and lunch in the main ski lodge on Saturday. We will have pizza and salad for dinner Saturday night. Sunday breakfast is on your own on the way home.

**Clothing:** Wear warm clothes. Waterproof insulated outer ski wear, long underwear, a fleece, gloves (mittens, if very cold), goggles and ski hat are recommended. **NO** jeans or cotton, which get wet and cold after a few falls. A ski helmet is required by BSA.

**Costs:** **Skiing:**

 Food: $5

 Lift Tickets for Saturday:

 Adults (18 and older) 8:30 am – 9:00 pm $80

 Youths (17 and under) 8:30 am – 9:00 pm $68

Rentals:

 Ski or Snowboard (includes boots/poles) $37

 Helmet Rental (**A Ski Helmet is required by BSA)** $7

 Beginner Ski Package:

 Includes Ski Rentals, Beginner's Lesson and lift

ticket good only for the Beginner's Slope Chairlift. $75

Upgrade to All Mountain pass for afternoon: ~$45 Additional

**Elk Mountain:** www.elkskier.com 570-679-4400

**Questions:** Organizing Adult: Bill Hale wchale@comcast.net Home: 610-566-5519 Cell: 610-986-8182

 Scout in Charge: Ryan Bracken

Trip Leader: Barry Anderson

**Please fill out Payment Summary on next page of Permission Slip.**

**(Make Checks payable to *Rose Valley Troop 272, BSA*)**

There is no trip planning meeting required for this trip. **Rose Valley Troop 272, BSA PAYMENT SUMMARY:**

 **Parental Permission Slip**

 **ELK MOUNTAIN SKI TRIP 2023 Lift Ticket:**

 **Skis/Board Rental:**

**Your Age:**   **Do you have a ski helmet? Y N Helmet Rental:**

 **Beginner Package: \_\_\_\_\_\_\_\_**

 **Total:**

Trip Destination: Elk Mountain Ski Resort, Pleasant Mount, PA

Dates: Friday, February 24 to Sunday, February 26, 2023

**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 2/24/23 to 2/26/23 that they deem necessary and proper in the case of an emergency during this trip. 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 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 and ski or snowboard 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\*\*\*\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_plans on attending and can transport \_\_\_\_\_\_ Scouts with their gear in my\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. They have read the Troop's Chaperone Policy and will abide by it during the entire trip.

**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: