



TROOP 175 POOP SHEET

BSA Troop 175 | Decatur, Georgia | www.troop175.com



The Gorge – Zip Line Trip: August 29-30, 2020

WHAT:	Zip Lining and drive-in camping.
WHERE:	Zip Lining : The Gorge 166 Honey Bee Drive, Saluda, NC 28873 https://thegorgezipline.com Camping: Wilderness Cove 3772 Green River Cove Road, Saluda, NC 28773 http://www.nctubing.com
LEAVE:	BE AT THE SCOUT HUT @ 6:00 a.m. to load up. We will depart by 6:30 a.m.
RETURN:	Sunday, August 30 about 1:30 p.m. to the Scout Hut parking lot.
FOOD:	BRING bag lunch for Saturday. PLAN dinner on Saturday plus breakfast on Sunday, to be cooked by patrols. Bring food you were assigned by your Patrol. Bring a snack to eat on the way home as WE WILL NOT STOP FOR LUNCH due to lack of dine-in restaurants open
NOTES:	<p>Must be between 70-250 lbs to Zip Line (no exceptions).</p> <p>COST: (per person – Scout or adult) Zip Lining AND Camping: \$100 Camping ONLY: \$10</p> <p>ALL Zip Lining participants MUST ALSO turn in a completed an ONLINE LIABILITY WAIVER for The Gorge (in addition to troop permission slip) – links for waiver will be sent out separately closer to event date</p> <p>As the Troop must make final non-refundable payment prior to departure, we must require that all forms be turned in and all payments made by Tuesday, August 18th and CANNOT accept late additions nor can we make refunds if you are unable to attend.</p> <p>Please also note that the zip line company has informed us that the weight limits are absolute. WEIGHT WILL BE VERIFIED at check-in and they WILL NOT issue a refund for those who fall outside of the weight range.</p> <p>CLOSE TOED SHOES REQUIRED for ZIP LINING</p>

EMERGENCY CONTACT: Kevin Wyatt – 404-735-6357 | WE TRAVEL IN CLASS A UNIFORM

INDIVIDUAL	WEAR	PACK	INDIVIDUAL	BRING	PATROL	BRING
Class A Uniform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sleeping bag & pad	<input checked="" type="checkbox"/>	Tarp	<input checked="" type="checkbox"/>
Jacket & hat	<input type="checkbox"/>	<input type="checkbox"/>	Tent, pegs, poles	<input checked="" type="checkbox"/>	Cook kit	<input checked="" type="checkbox"/>
Old shoes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ground cloth	<input checked="" type="checkbox"/>	Stove & fuel	<input checked="" type="checkbox"/>
Rainwear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compass & matches	<input checked="" type="checkbox"/>	Dish-wash kit	<input checked="" type="checkbox"/>
Sweatshirt/warm shirt	<input type="checkbox"/>	<input type="checkbox"/>	Backpack / daypack	<input checked="" type="checkbox"/>	Trash bags	<input checked="" type="checkbox"/>
Class B t-shirt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet kit (with TP!)	<input checked="" type="checkbox"/>	First-aid kit	<input checked="" type="checkbox"/>
Extra clothing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashlight	<input checked="" type="checkbox"/>		
Extra shoes (Close toed)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Folding pocket knife	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Swim suit & towel	<input type="checkbox"/>	<input type="checkbox"/>	Eating utensils	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Bug repellent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Canteen/water bottle	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Sunscreen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Moleskin	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

PERMISSION TO PARTICIPATE AND WAIVER OF RESPONSIBILITY

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son, _____, on the trip to The Gorge and Wilderness Cove , I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the Troop's sponsoring Organization. In the event of an emergency, the leader of the activity has my permission to obtain medical treatment for my son at the nearest hospital or doctor, at my expense.

Allergies? Please list (esp. food or insects): _____

Cost: \$100 Please circle: **Cash** **Check** (payable to Troop 175) **Use my Scout Funds**

Parent/Guardian Name Signature Date Cell Phone

DEADLINE:** Scout must turn in signed permission form & payment by: **Tuesday, August 18