Scout Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Troop 129 Cycle Campout: Lock #30 Macedon, Erie Canal**

**Cost: $15**

**Dates: Saturday, May 22 - Sunday, May 23**

**Departure Time: 9:00am Sat & Approximate Return Time: 11:30am Sun**

Our May campout is a combination cycling/camping trip! We will depart from the United Church of Christ on our bikes and cycle along the Erie Canal to the historic Lock #30 (group campsite) in Macedon. Approximate cycle distance is 18-19 miles - one way. After camp is set, scouts have the option of biking farther (towards Lyons along the Erie Canal), fishing in the Canal, or working on Camping Skills/Advancement work. We will camp together and prepare our own meals. 2-3 vehicles will shuttle tents/sleeping bags/camping mattress/cookware/troop gear/food to the group campsite at Lock #30. Sunday morning, we pack up and bike back to church. *This campout is a great opportunity to get a head start on the Cycling Merit Badge and begin completing/understanding requirements. Or, complete advancement requirements at camp (Bring your Boy Scout Handbook).*

**Please make sure that you wear a securely attached helmet and pack a water bottle for the ride.** BE PREPARED! LOOK AT THE FORECAST AND DRESS FOR CYCLING/CAMPING. Bike tires should be inflated and your bike in working order. Inspect your bike beforehand. We have reserved a bike mechanic from 7:45 to 9 if last minute adjustments are needed. Eat breakfast Saturday morning prior to departure.

Register by returning this form to Craig Dennison (craigdflyfisher@gmail.com) Cell # 507-9655 prior to Thursday, May 20. Or, bring to the troop meeting Mon, May 17.

Scout’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Scout’s/Parents Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I will be paying the $15 for this event by: \_\_\_\_\_\_troop acct. \_\_\_\_\_\_check\_\_\_\_\_\_cash

My phone number in case of emergency is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My son has allergies/medical conditions (circle): *Yes No*

*If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure anesthesia, order injections, surgery or other procedures a deemed necessary for my son.

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent Participating on Bike: Yes No Parent Driving Gear: Yes No***

***Make/model of vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License plate: \_\_\_\_\_\_\_\_\_\_\_***