



**BOY SCOUT TROOP 50
RANDOLPH, NJ
PATRIOTS' PATH COUNCIL**



EVENT:	TROOP 50 BIKE HIKE (No Troop Meeting on ZOOM)
LOCATION:	West Morris Greenway Rail Trail (Let's do the rest of it!!)
MEET AT:	Greenway Parking Lot, West end of Main St., Randolph. Google Map Main St, Randolph. Go to the west end of Main St. Thursday, October 1, 2020. 5 PM. We're departing at 5:10 Sharp! Be on time!!
PICK UP AT:	The drop off point at 6:30 PM
COST:	\$ FREE \$
TRIP LEADER:	Mr. Lareau (cell: 937-479-6865)

- REMARKS:
- This will a bike hike on the mostly level, gravel paths. We rode some of it before.
 - Exact distance will be determined by the groups that day based on capabilities of the riders. All riders are welcome!! We'll be social distancing!! Face masks!!
 - Bring face masks, water to drink. Wear your Troop 50 T-shirt.
 - **Rain will cancel the event.** We'll call those signed up by 4 PM that day to cancel. Concerns- Call Mr. Lareau.
 - Bikes must be in **excellent working condition**. Please check them!!
 - Each biker must have an approved helmet! NO EXCEPTIONS!! Face Mask, too!!
 - Bring: Bike, helmet, face mask, water. Always bring raingear.
 - **ADULT RIDERS ARE NEEDED!!** Add adult's name to the sign-up Email.
All adults participating must be BSA YOUTH PROTECTION TRAINED.

Email signup by 9 PM Wednesday, September 30. BRING THE PERMISSION SLIP WITH YOU!!

-----Tear off here and retain the top half for your reference.-----

BIKE HIKE (No Troop Meeting on ZOOM)

LOCATION: West Morris Greenway Rail Trail, Main St., Randolph.
DATES: Thursday, Oct 1, 2020

SCOUT'S NAME: _____ AGE: _____

ADDRESS: _____

HOME PHONE: (____) _____ EMERGENCY PHONE: (____) _____

The above named Scout has my permission to attend this activity. He may participate in **all** activities programmed, except for those noted here:

Does he have any current **medical conditions or allergies** we should be aware of? YES NO
Please note on the reverse side with any special instructions.

Will he be taking any **medications during the event**? YES NO Please list any meds on the reverse side with any special instructions.

If in the judgment of the Scout leaders in charge, it becomes necessary to send my son to a nearby hospital, physician, or dentist for diagnosis and/or treatment, they have my full permission to do so. Further, should medical treatment be necessary, it may be administered. I will assume full financial responsibility for any medical expenses that are incurred.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

Email signup by 9 PM Wednesday, September 30. BRING THE PERMISSION SLIP WITH YOU!!