



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



EVENT: **LAKE HOPATCONG CANOE OUTING #2 (Please read carefully!!)**
 LOCATION: **LAKESHORE VILLAGE LAUNCH AREA, (By Lareaus' home- 33 Lakeshore Dr., Mt. Arlington, NJ)**
 WHEN: Thursday, September 10, 2020. 5:00 PM – 7:00 PM
 COST: ****FREE****
 TRIP LEADER: Mr. Lareau (cell:973-479-6865)

- NOTES:
- We'll be paddling on lovely Lake Hopatcong. We'll head north this time and see new things. Canoe Wars upon return. A good prep for the Sep 19 Mini Canoe Trek.
 - Inexperienced paddlers will be paired with experienced ones. A great paddle for everyone.
 - ALL PARTICIPANTS SHOULD BE BSA SWIMMERS.
 - **NOTE: EVERYONE WHO COMES WILL PADDLE!!** Those who can't pass or haven't taken the swim test "may ride in a canoe with an adult swimmer skilled in that craft as a buddy." (*Guide to Safe Scouting*) (Parental discretion is advised for very weak swimmers!!)
 - We will wear Personal Flotation Devices at all times in the canoes.
 - **WEAR YOUR MASK UNTIL ESTABLISHED IN YOUR CANOE.**
 - Bring WATER to drink in the canoe. Sunscreen!!
 - Wear your swimsuit and your black Troop 50 T-shirt; bring old sneakers or water shoes to wear in the canoe, a towel, a garbage bag to sit on in your car to keep the seat dry.
 - This trip will be cancelled if severe rain occurs. We'll Email if we are cancelling (~ 2 PM.) Call Mr. Lareau if you are concerned about the weather.

Deadline for EMAIL registration is- Wednesday, August 9, at 9 PM so we know how many canoes to get. Please sign up before that time or we can't guarantee a canoe for your Scout.

-----Tear off here and retain the top half for your reference.-----
 Bring the bottom half with you. Don't email it.

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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: _____
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